

How do women experience counselling in a women-only space? A thematic analysis of nine women's experiences of counselling within a Women's Centre in New Zealand.

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Abstract

This qualitative research project sought to explore how women experience counselling in a women-only space, namely a Women's Centre in New Zealand.

Nine women who were former clients of the Christchurch Women's Centre shared their experiences of therapy within this setting. This study offers detail and clarity on what draws women to seek counselling at a Women's Centre. It also explores what women see as differences between counselling at a Women's Centre and other counselling environments. Additionally, what was beneficial and helpful about this type of counselling is discussed along with whether counselling in this environment could be improved upon.

Rich and descriptive data was obtained from the participants through semi-structured interviews and analysed using thematic analysis. Six key themes are identified including; the impact of aesthetics and environmental factors for women when having therapy, the need for, and importance of, physical and emotional safety, the cost of counselling and the implications of this when women seek therapy, the importance of clients developing a connection with their counsellor, participants overall experience of counselling at the Centre, and limitations that occurred within this setting.

Detailed descriptions of the themes and participants' experiences are explored in relation to existing research and literature. Overall, the findings highlight that counselling in a Women's Centre is unique and meaningful for women for a multitude of reasons and can affect and impact on a women's life in the short and long term in positive ways.

Given there is limited research worldwide on how women experience counselling in women-only spaces this study adds valuable data on this topic. Implications for practice, limitations of this project and recommendations for future research are offered at the conclusion of this thesis.

Introduction to the Research

My interest in finding out about how women experience counselling in a women-only space developed out of my placement at the Women's Centre in Christchurch whilst undertaking the Master of Counselling programme at the University of Canterbury. The Women's Centre is a drop-in centre located on the fringe of the central business district. Women can come for a; chat, support, advice, up-to-date information on community services and social activities, resources, advocacy, courses, free counselling, legal aid, a library, or just time out. It also aims to be a place where women feel safe, emotionally and physically. The Centre is a 'women-only' space where women and their children, (if any) are warmly invited to come for support or information, and where all the staff are female. The service is not available for men. I was on placement at the Women's Centre for two years up to the end of 2017.

In 2017 there were eleven female counsellors offering their time in a volunteer capacity. Five were students in training from various programmes throughout Christchurch, (including myself) along with six qualified counsellors. I had the privilege of providing counselling for many women at the Women's Centre over the two-year period. Within a short period of time of being at the Centre I became increasingly curious as to how women experienced counselling in this environment. I was eager to know what motivates women to enter or seek this setting. Do women see a difference between counselling in a women-only space and other types of counselling? What do women find helpful and beneficial about this type of counselling? Are there aspects that could be improved on? These questions sparked a desire to explore this topic further and lead to me conducting this research on how women experience counselling in a women-only space.

Applying to work at the Women's Centre was a natural progression for me. I have chosen to be around women all my working life, first as a nanny, both in New Zealand and overseas, then as a midwife. Being alongside women and their families feels very familiar and natural for me. In addition, my first counselling placement four years ago entailed counselling female students at a local high school. Further to this, I also completed my Bachelor of Arts degree eight years ago with a major in Gender Studies and felt very drawn to the feminist perspectives and realities I learnt about and was exposed to during this time. Thus, being in a Women's Centre on placement was an active and conscious choice and decision that fitted with my values, understandings and beliefs of women and their worth in society. Fundamentally I view women's health and well-being as an important and vital issue. I also believe that all women have a right to be heard, seen and their journey respected. Through my counselling I aim to honour these understandings and beliefs. This research project stems from these personal, lived experiences and understandings and a desire to contribute to the literature on women's stories and realities.

A background of the Christchurch Women's Centre.

In 1985 Christchurch Women's Refuge and Rape Crisis combined resources to set up a 'Women Against Violence' drop in centre. This Centre officially opened in 1986. It was initially established as a community agency enabling women leaving Refuge on-going support and resources. It also sought to raise society's awareness of domestic and sexual violence, to provide a place and space of safety and healing, where women could come to be heard and supported (A. Trebus, personal communication, May 8, 2017). Since the mid-90s, when Refuge commenced their own community support, the drop-in-centre, which was officially re-named in 1994 as the 'Women's Centre Incorporated', provided support to a wider range of women in the community (A. Trebus, personal communication, May 8, 2017). For the purpose of this research I will refer often refer to the Centre as the 'Christchurch Women's

Centre' to identify its location within New Zealand.

Counselling for women has been a part of the Centre for many of the years they have been operating. The counselling process has moved and evolved over time to become more structured and formalized. Due to an ever-increasing number of women seeking counselling services the Centre has worked hard to try and accommodate this need (A. Trebus, personal communication, May 8, 2017). The current objectives underpinning the Centre have remained true to its original vision. These objectives include; providing a safe, welcoming, women-only space, offering confidential support and access to a wide array of resources, affirming and supporting women to make choices in their lives, promoting lesbian visibility, encouraging and maintaining feminist ideals for the Centre, striving for social change that benefits all women, educating the community about issues affecting women and encouraging autonomy, self-determination and personal growth for women (Women's Centre, 2019).

The mission statement available on the Women's Centre on-line home page reinforces these objectives.

We're a community organisation...providing a wealth of information and services in a safe, supportive, affirming, women-only environment. We work with, and for, the well-being of all women by assisting, supporting and encouraging them to make informed choices in their lives (Women's Centre, 2019).

Ardas Trebus was involved with the Women's Centre from 2000, first as a board member, and then as Manager from 2003-2018. For her the Women's Centre is a pivotal and essential agency for women.

Women often tell us that it is important to them to have access to a women-only space. A place where they can feel accepted and supported no matter what their beliefs or lifestyle may be. Many women feel more comfortable seeking help in a women-only environment, particularly if they experience low self-esteem and/or have experienced abuse or trauma in their lives. For many women the Centre is a place to gather information, to work through difficult issues, be supported, learn, and/or rest before going out into the wider world again. Being in a women-only space also provides a level of safety and trust, enabling many clients the ability to be open and vulnerable in a way they may struggle within a mixed gender environment (A. Trebus, personal communication, May 8, 2017).

Trebus also describes the counselling service offered at the Women's Centre as being a very valuable and necessary service for clients.

The counselling service is our most used service, with often 40 women on the waiting list. With the disappearance of free women-only counselling providers, such as the Monarch Centre¹ and Single Women as Parents, in post-quake Christchurch², plus the closure of other free and affordable counselling providers such as Rata Counselling³

¹ The Monarch Centre provided counselling for victims of sexual violence for over 22 years in Christchurch prior to its closure in 2014 (Television New Zealand, 2014).

² On the 4th of September 2010, the Canterbury region in New Zealand experienced a magnitude 7.1 earthquake (Quigley et al., 2010). It was the second earthquake on 2nd February 2011 however, that had the most devastating impact on the region. Many lives were lost, a large number of homes and businesses were destroyed, and a long journey of recovery began (Richards, 2013). Due to the significant damage a large number of agencies providing counselling in Christchurch prior to the earthquakes were closed, relocated, or had funding reduced or withdrawn. It soon became evident that counselling was needed for many affected by the earthquakes in Canterbury and a number of agencies offered earthquake related counselling such as the Canterbury Charity Hospital, Petersgate Counselling Centre and the Salvation Army (Richards, 2013; Healthy Christchurch, 2016; Christchurch Psychology, 2011)

³ Rata Counselling Centre closed in October 2014 after 32 years. Many of the counsellors from Rata went on to set up a new counselling practice called Albany House Counsellors (Healthy Christchurch, 2014).

and Relationships Aotearoa⁴, we have experienced a huge increase in requests for our counselling service. In contrast to the 70s and 80s, when a lot of women were seeking to be part of group processes such as support groups and group counselling, the last few decades have shown a strong focus on individual work. From my observation and feedback received, one-on-one counselling sessions provide women with the opportunity for deep and lasting change. This change has the potential to influence many others. It is our experience that in helping women we help the wider community. Because every woman who feels safer, more informed, accepted, more confident and has an increased sense of well-being, will influence her wider community such as the children, family and her friends, in a positive way. (A. Trebus, personal communication, May 8, 2017).

Overview of the chapters

This research explores nine women's experiences of counselling within the Christchurch Women's Centre between 2016 and early 2017. Chapter One provides an in-depth review of literature and research which explores, how women's emotional and mental well-being has been labelled and defined over time, and the impact of Feminist Movements on the development of women-only spaces, (including Women's Centres) around the world. The origins of feminist therapy/counselling are considered, along with identifying what is important for women in terms of counselling generally, and within women-only environments. This chapter also provides a brief overview of Women's Centres in New

⁴ Relationships Aotearoa was placed in liquidation in July 2015. This agency provided counselling services for individuals, couples and families throughout New Zealand, including Christchurch, for 66 years (Kiwi Families, 2019).

Zealand and the current state of women's counselling here. Recent challenges encountered within New Zealand's healthcare system and society are also unpacked. Aims of this project conclude this chapter.

Chapter two outlines the methodology of this research. Qualitative research, an interpretivist approach, and certain feminist understandings and principles will be outlined and explored in terms of their relevance to this project.

In the third chapter I describe the methods used including, how my research was conducted and the rationale for why I chose specific methods and procedures to gather and collect data. This includes a discussion of, how participants were recruited, some information about the women who chose to partake in this research, and the counselling setting participants received therapy in. A brief outline of the modalities of therapy counsellors offer within the Centre is provided. Where the research interviews took place and a description of in-depth interviewing is also offered. This is followed by the interview schedule used for this research, ethical considerations and why thematic analysis was chosen for this project.

Chapter four outlines and describes the results and findings of this research project. Six themes emerged including, (1) the impact of the aesthetics and environment on participants during their counselling at the Women's Centre and, (2) how important physical and emotional safety was in this setting. The other themes were, (3) benefits of receiving free counselling, (4) participants feeling supported by their female counsellor, (5) participants overall experience of being at the Women's Centre, and (6) limitations of this space.

The final chapter provides a discussion and conclusion to this research project. The discussion interprets the significance of the findings of this study and weaves this together with the relevant literature. Implications for practice, limitations of this research project and

possible future areas of research are offered, along with the conclusion. Appendices and references then follow.

Chapter One: Literature Review

Introduction to Literature Review.

This chapter explores how definitions of women's health and well-being have changed over time and how treatment and therapy for women has evolved. It also explores literature on what is important about women-only spaces, such as Women's Centres, and considers what is helpful for women when they engage with counselling. An explanation on why this research project is important concludes this chapter. The review focuses on three bodies of literature.

The first body (section one) begins with an exploration of hysteria and the impact this 'disorder' has had on many women for thousands of years. The subsequent labelling of women within the medical world is explored and highlights the impact this has had, and can have, on women's mental and physical health. This is followed by how the first and second waves of feminism fought to reclaim women's stories, wellbeing and experiences.

The second body (section two) considers how counselling spaces for women emerged and how this led to the development of women-only organisations, including Women's Centres. Why these spaces are important is outlined. This is followed by an explanation of how women centred counselling and therapy developed, and reasons women sought therapy in the past and seek therapy today. Why women seek counselling more than men is also explored. What research highlights is important about women's experiences in counselling is examined, along with literature on counselling for women in women-only environments.

The third body (section three) of this literature review offers an overview of the services provided by Women's Centres in Aotearoa, followed by the current state of counselling services for women in New Zealand. In consideration of the current need for women-only counselling spaces in New Zealand, the prevailing mental health crisis, the impact of the #metoo movement within Aotearoa, and New Zealand's family and domestic violence statistics all are discussed. This chapter concludes with the aims of this research project.

Section One:

The constitution of women's difficulties - Hysteria.

The concept of hysteria dates back over 4000 years (Rubin & Zorumski, 2005). In Ancient Egypt, 1900 BC, the first known descriptions of female hysteria were recorded on ancient Egyptian texts (Tasca, Rapetti, Carta & Fadda, 2012; Sigerist, 1951). These texts described how the womb had the ability to affect much of a woman's body (Tasca et al., 2012; Merskey & Potter, 1989). By the 5th century BC in Ancient Greece the 'wandering womb' was noted in Hippocrates' work, the Hippocratic Corpus⁵, 'Diseases of Women' (Gilman et al., 1993). Hippocrates believed that the uterus could migrate within a woman's body, disrupting and displacing other organs, and causing a vast array of ailments (Alexander & Selesnick, 1966). The term hysteria was first used by Hippocrates to describe various symptoms, complaints and disorders women exhibited when they were deemed hysterical. The word hysteria comes from the Greek word for uterus, 'hystera' (Sine, 2015; Sigerist, 1951).

⁵ The Hippocratic Corpus (or Hippocratic Collection) is a collection of medical works associated with the Ancient Greek Physician, Hippocrates. The Hippocratic Collection was the foundation on which all future medical organisations and practices were built (Gilman et al., 1993).

Symptoms of hysteria over time have included; fainting, anxiety, hallucinations, muscle spasms, heaviness in the abdomen, sexually forward behaviour, or lack of interest in intercourse, emotional outbursts, a tendency to cause trouble for others, nervousness, irritability, fluid retention, insomnia, amnesia, convulsive fits and shortness of breath (Maines, 1999; Gilman et al., 1993).

Women diagnosed as succumbing to hysteria were subjected to various ‘treatment’ options depending on the era. These ranged from; scent therapy, bed rest, hydrotherapy, and seclusion, to regular marital sexual intercourse (and subsequent pregnancy and childbirth), or sexual abstinence, manual stimulation and hypnosis. (Mankiller, Mink, Navarro, & Smith, 1998; Gilman et al., 1993; Tasca et al., 2012). In extreme cases, women were committed to asylums and/or had a hysterectomy (Mankiller, Mink, Navarro, & Smith, 1998; Gilman et al., 1993). The ability of a woman’s womb to wander throughout her body and cause multiple ailments was supported by other noted men including Plato, a Classical Greek philosopher, and Aretaeus of Cappadocia, a noted Ancient Greek physician (Gilman et al., 1993). Galen of Pergamon, a Greek philosopher, physician and surgeon, in the Roman Empire, challenged the belief that women had a wandering womb (Gilman et al., 1993). He did concede however, that hysteria existed and was caused by retention of ‘female seed’ trapped within the womb (Flemming, 2000).

Throughout the Middle Age, Renaissance period, and the early modern period, hysteria continued to be a medical ailment that ‘required’ a male physician’s diagnosis, time, effort and hopefully, ‘cure’. By the 18th century hysteria for many shifted towards being associated with mechanisms in the brain, rather than the womb. During the 19th century Jean-Martin

Charcot, professor of anatomical pathology and a French neurologist, devoted much of his professional life to the study of hysteria (Bogousslavsky, 2010). He determined that hysteria was connected to disorders of the brain and argued that it did not just effect women, but also men (Bogousslavsky, 2010). Other noted men of this era shared their understandings of hysteria such as Jean-Jacques Rousseau, a Genevan philosopher, and Pierre Roussel, a physician and philosopher (Carta et al., 2012). They determined that femininity was an essential and innate desire for women and that hysteria was caused by women's natural desires not being fulfilled. "Femininity is, for both authors, an essential nature, with defined functions, and the disease is explained by the non-fulfilment of natural desire" (Carta et al., 2012, p. 114). Rousseau and Roussel believed that as the nineteenth century brought the era of the industrial revolution and the rise of large towns and more modern life, women's innate tendencies were disrupted (Carta et al., 2012) This disruption was seen to cause lethargy and sadness leading onto hysteria developing in a number of women (Carta et al., 2012).

It was during the 19th century that medicine became an organised profession controlled by men, many of whom built their medical fame on their ability to control women and women's bodies. By the end of the century men had come to prevail as leaders of the professional health care system and to propagate ideals about what 'normal' women's health was. How a woman 'should be' and how women should act, feel, look and relate to others (Showalter, 1987). Women were considered physically weak, of fragile health, and vulnerable to a great array of ailments arising from the fact they had a womb. History was indeed repeating itself. For many male practitioners' women were viewed as nothing more than walking wombs, capable of vast, and in some cases, uncontrollable emotions (Mitchell, 1881). Women who exhibited any of the symptoms noted earlier were often diagnosed as being neurotic and hysterical. They were perceived as a burden to the male physician who would need to 'fix'

these emotional and irrational women (Mitchell, 1881). Indeed, Mitchell stated “perhaps no cases are more common in general practice, none more annoying, and none more dreaded than those of hysteria, in its infinite number of forms and its infinite variety of masquerade” (1881, p. 217).

Showalter (1987) suggests that during this period the term hysteria was a label given to women who exhibited traits of power, determination and assertiveness, similar to that of their male counterparts. They were thus perceived as dangerous by male physicians. These rebellious women threatened and disrupted patriarchy “...hysteria is a powerful form of rebellion against the rationality of the patriarchal order” (Showalter, 1987, p. 161). Hence, by labelling them as ill, mad, and disturbed, deviants from the expected social norm, served to control, contain and dis-empower them from the rest of society (Showalter, 1987).

By the early 20th century Sigmund Freud, an Austrian neurologist, determined that both women and men who experienced hysteria had experienced trauma in their lives which lead to an emotional and internal affliction causing them to have unsatisfactory sex lives (Devereux, 2014; Maines, 1999). Although Freud acknowledged hysteria occurred for both sexes, ongoing studies and research were conducted only with women. Thus, hysteria continued to be related with, and connected to, women and known as ‘characteristically feminine’ (Tasca et al., 2012).

Freud’s studies on hysteria lead him to believe that it was related to the unconscious mind being separated from the conscious mind (Coon, 2013). His theory was that deep conflicts of the mind, including instinctual sexual desires and aggression, were controlling the behaviour of those with hysteria. He also determined that women had psychological damage due to the

fact they didn't have a penis (Humm, 1995; Tasca et al., 2012). Thus, they developed hysteria due to not being able to reconcile this 'metaphoric' loss (Tasca et al., 2012). Freud developed psychoanalysis⁶, or the 'talking cure', in an attempt to assist patients who had been deemed victims of hysteria to reduce their emotional and physical suffering (Gordon, Kraiuhin, Kelly, & Meares, 1984). Through his studies he recognised that hysteria had over time become a generic term for a number of women's illnesses. Subsequently he reclassified a number of previous cases of hysteria as anxiety neuroses (Micale, 1993).

Due in part to the improved diagnostic techniques used to determine illnesses and conditions, and an increased understanding of psychology within the medical profession, the diagnosis of hysteria in women declined during the 20th century (Micale, 1993). However, it wasn't until 1980 that the psychological disorder, hysteria, was eventually removed from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders⁷ (Tasca et al., 2012).

It can be seen that labelling women as weak, vulnerable, aberrant and hysterical due to the fact they had a womb served the interests of male lead societies for centuries. It ensured that women turned to men, who were perceived as rational, strong and normal, for assistance, guidance and therapy, rather than be supported to trust and be in control of their own bodies, minds, health and well-being. This historical lack of attention to the needs of women and the content of their lives was acknowledged and voiced throughout the second wave feminist

⁶ Psychoanalysis is a clinical practice where a psychologist, or psychoanalyst, and a patient explore, through conversation, people's unconscious thoughts, feelings and desires with the intent of making conscious their unconscious motivations and thoughts, thus gaining increased awareness and insight (Psychologist World, 2019).

⁷ The American Psychiatric Association is the main professional organisation of psychiatrists and trainee psychiatrists in the United States of America (American Psychiatric Association, 2019).

movement of the 1960's, although the first wave of feminism paved the way for the journey ahead.

The first wave of feminism.

The first wave of feminism occurred during the late 19th to early 20th centuries throughout the Western world (Taylor & Francis, 2013). It was before, during and after, both World Wars. As large numbers of men lost their lives, many women were forced to enter the industrial workforce in their home countries to maintain supplies and services (Taylor & Francis, 2013). Once men returned from the war however, it was expected that women would return to the home setting and their reproductive responsibilities (Taylor & Francis, 2013). These expectations were challenged by women. Subsequently, during this period of feminist activity (which until this point primarily focused on legal issues and the rights for women to vote), the ongoing issues facing women such as; seeking equal property rights as men, education rights, improved working conditions and the dismantling of gender double standards also became important (Harlan, 1998; Humm, 1995; Taylor & Francis, 2013). The overarching intent of this social movement was for the emancipation of women (Cott as cited in Mitchell & Oakley, 1986; McQuiston, 1997).

Effects of the first wave in New Zealand.

In early colonial New Zealand, the majority of women were relegated to the roles of wife, mother, and nurturing the domestic life (New Zealand Ministry for Culture and Heritage, 2018). The expectation from society was that they would keep house and raise the children. Men on the other hand, were considered more suited to the public life of work and the world of politics (New Zealand Ministry for Culture and Heritage, 2018). However, by the latter

part of the nineteenth century many women started to question and challenge these role assumptions. With some girls and women from middle-class and wealthy families starting to gain access to secondary and tertiary education, church work and the health arena, attention rapidly turned towards women's legal and political rights (New Zealand Ministry for Culture and Heritage, 2018).

Women joined forces and formed suffrage groups who campaigned for the rights of all women to be able to vote. Kate Sheppard, the most prominent New Zealand suffragette, led the political movement and eventually, on 19 September 1893, women won the right to vote (Devaliant, 1992). Sheppard herself wrote the following to acknowledge the moment.

As we write, the news is being flashed far and wide, and before our earth has revolved on its axis every civilised community within the reach of the electric wires will have received the tidings that civic freedom has been granted to the women of New Zealand (Devaliant, 1995, p. 118).

This victory was the first of its kind. In this moment New Zealand became the first independent colony in the world allowing women to vote. Despite this incredible achievement it wasn't until 1919 that women gained the right to stand for Parliament (New Zealand Ministry for Culture and Heritage, 2018). Another 14 years passed before Elizabeth McCombs was elected as the first female member of Parliament in 1933 (McCallum, 1993). These accomplishments required much determination, strength, and collective action by women. This set the scene for the subsequent second wave movement allowing women's voices to gain even more visibility.

The second wave of feminism.

The second wave of feminism occurred during the early 1960s through to the late 1980s. The primary focus of this feminist activity was to increase equality for women. All areas of women's experience was considered including; sexuality and reproductive rights, family life, de facto rights, employment, legal inequalities and politics (Burkett, 2019). This feminist movement emphasized that throughout history women had their stories, journeys and realities told and perpetuated through the eyes of men (Day, 1992; Richardson & Robinson, 2008). Men had traditionally held the positions of power, privilege and prestige that enabled them to label and define women and women's nature from their own perspective. This 'knowing' identified women as 'other' and subordinate to the 'dominant' man and many unacknowledged binaries enabled this to continue (Chaplin, 1999; Humm, 1995).

Binaries such as; masculine/feminine, dominant/sub-ordinate, active/passive, rational/irrational, knowing/unknowing, powerful/weak, independent/nurturing, assertive/co-operative, were perceived as 'normal', 'true' and innate (Chaplin, 1999; Humm, 1995; Hunter Women's Studies Collective (HWSC), 1995). Women's roles in society were confined, contained and perceived as being inferior, as secondary to men. Their experiences and voices were also nullified and hidden. These realities reinforced the patriarchal society in which men and women lived, serving those in power, men (Chaplin, 1999; Day, 1992; HWSC, 1995; Humm, 1995; Letherby, 2003; Richardson & Robinson, 2008).

The 'male gaze'.

During this period many women fought to put their views forward. They sought to explore and unpack the binaries noted above and question society's role in reinforcing them. Laura Mulvey, for example, a feminist film critic, argued that patriarchy played out its designated

roles for both men and women through the visual arts and literature. This mirrored what was occurring in real life (Mulvey, 1975). Her essay, 'Visual Pleasure and Narrative Cinema' published in 1975, argued that classical cinema and literature ensured that spectators were looking through a masculine lens and filter. Women were promoted as objects of male pleasure and desire thus, the 'male gaze' (Eaton, 2008; Humm, 1995; Mulvey, 1975; Sassatelli, 2011). The male gaze, named as such by Mulvey, was then a social construct acquired from the discourse and ideologies of patriarchy (Mulvey, 1975; Sassatelli, 2011). Men, in this construct, were the dominant sex whose views of the world were the most important and true, and women were passive subjects to be gazed upon and controlled.

As many women of this era started collectively questioning patriarchal society's descriptions of who and what women were and are, their voices became more prominent and public.

Section Two.

Women coming together to share their experiences.

As the second wave feminist movement progressed, more and more women from around the Western world in places such as, Australia, the United States of America, Europe and New Zealand, sought spaces where they could come together to share the realities of their lives (Bergh, 1995; Brown, 2010; Hesse-Biber, 2012; Richardson & Robinson, 2008). These group environments encouraged women to learn from each other, to provide support, and to offer safe places for women to be themselves (Brody, 1987; Brown, 2018; Evans et al., 2005). Thus, allowing women to engage with each other in meaningful ways. As Bergh (1995) states "...they were able to redefine their identities, realise their strengths, and analyse their disempowered status" (p.xxi).

These shared experiences allowed women's personal, and previously private experiences, to become more visible and public. This often led to political acts with the aim of individual and social change hence the phrase, 'the personal is political' (Greenspan, 1983; Humm, 1995; Landes, 1998; Worell & Remer, 1992). This catch phrase became a defining statement and characterization of the second wave of feminism (Bergh, 1995; Chaplin, 1999; Evans et al., 2005; Landes, 1998; McCann, 2013).

The development of women-only organisations including Women's Centres.

The formation of these conscious raising groups and increasing interest from women to have places and spaces that provided a safe, welcoming, supportive, and caring environment to which they could go, lead to the development of women-only organisations (Perry, 1993).

Many of the initial agencies specialized in certain areas such as violence against women and children, rape and childhood abuse. Other agencies eventually went on to provide an array of services which sometimes included therapy for women in need, either via group work, or individual counselling (Perry, 1993).

Since the 1970's Women's Centres around the Western world have continued to offer a place for women to come and feel supported. This is despite many of these places experiencing limited recognition for the services they provide for women and their community, constant funding challenges and stretched resources (Corry, 2018). The continuing existence of women only spaces and centres highlight a clear need and desire from women for these services (Corry, 2018). An online search quickly identifies a vast number of Women's Centres around the world including in New Zealand, Australia, The United States of America, Japan, Africa, Europe, Afghanistan and beyond.

Why women-only spaces are important.

Many women-only spaces, such as women's organisations, developed, and continue to operate, to address various issues women face. Some examples include, women being treated as the under deserving sex, the minority, and those who are commonly discriminated against politically, legally, within health care and societally (Corry, 2018). These spaces are seen by many women as vital. (Corry, 2018). They often provide specialist support and guidance for women, by women. These environments allow women to put their own experiences front and centre.

Literature shows that women state that women-only spaces provide a safe, trusting, comfortable place for them to go to have their needs met which could not have occurred in a mixed gender environment. This is often due to having experienced gender-based discrimination, abuse and violence outside these environments (Corry, 2018; Else, 1993; Fenson, 2019). As Huval (2018) states "...having a women-focused environment opens up a comfortable space to start intimate, important conversations that might not otherwise happen" (para. 9)

Women share that they receive more visibility, recognition, affirmation, equality, access to information, support, and resources, in women-only spaces (Else, 1993; Fenson, 2019). Furthermore, these spaces often enable women to make life changing decisions that they are unlikely to have been able to achieve previously as their knowledge, confidence and independence often grows (Ciclitira, Starr, Payne, Clarke & Marzano, 2017; Corry, 2018). Marginalised and disadvantaged women, (such as those who may have disabilities or mental unwellness, are homeless or living in poverty, single mothers, minority ethnic women, refugees, and lesbian women) are also more likely to gain visibility, recognition and support

in these spaces than in mixed-gender settings (Corry, 2018; Else, 1993; Fenson, 2019; Women's Resource Centre, 2011). Thus, women-only spaces are important as they; challenge systemic discrimination against women by offering solutions to meet women's needs, promote human rights and equality, reduce violence against women, and provide support for societal change (Ciclitira et al., 2017; Corry, 2018; Else, 1993). Research has identified that counselling for women within these spaces has been beneficial and can play a vital role in alleviating their difficulties and distress (Hatchett et al., 2015).

The development of Women Centred counselling and feminist therapy.

Women centred counselling grew out of the consciousness-raising groups of the second wave. There was recognition that the oppressive beliefs about women that were present throughout society naturally flowed into the therapeutic spaces women entered (Brown, 2018; Chaplin, 1999; Contratto & Rossier as cited in Hill & Ballou, 2005; Landes, 1998; Worell & Remer, 2003). Up until the 1970's, therapy for both men and women was dominated by male therapists whose practices were based on, and dominated by, a hierarchical model (Burstow, 1992; Chaplin, 1999; Jones-Smith, 2012; Land, 1995). Women seeking support in these male lead spaces often suffered further psychological harm rather than being offered a place of healing (Brown, 2018; Chester, 1974; Jones-Smith, 2012). This was largely due to women often being misdiagnosed in therapy due to their non-compliance to conform to the expected gender role stereotype of the male therapist (Burstow, 1992; Chesler, 1972; Greenspan, 1983; Jones-Smith, 2012; Kahn, 2010).

The development of women's counselling that sought to enable, encourage, affirm and hear women's voices, realities and experiences was driven by feminists who saw the need to redefine women's therapy and realities through the female lens (Brown, 2018; Chaplin, 1999;

Kahn, 2010; Evans, Kincade, Marbley & Seem, 2005). Thus, from the 1970's many therapists have sought to incorporate feminist understandings into their practice, and to offer a more balanced view of women's realities (Brown, 2010; Chaplin, 1999; Land as cited in Bergh, 1995; Worell & Remer, 2003).

Feminist therapists understand that women are often oppressed by social, economic and political factors that play out in their daily lives (Brown, 2010; Humm, 1995; Worell & Remer, 2003). Feminist therapy thus, provides an egalitarian relationship between a counsellor and client which encourages and supports; the client's voice, the promotion of the client's self-awareness, self-control and self-esteem, and the sharing of personal lived experience, the client's abilities and strengths, and to advocate for social change by unpacking and questioning societal expectations and norms (Brown, 2010; Chaplin, 1999; Jones-Smith, 2012; Kahn, 2010; Land as cited in Bergh, 1995; McLeod, 1994; Worell & Remer, 2003).

Feminist therapy explores what lies outside, within and beneath the dominant patriarchal beliefs (Kahn, 2010). In doing this it considers and privileges the voices of women and their experience as being valid and important (Brown, 2018). As Brown states, feminist therapy is

a politically informed model that observes human experience within the framework of societal and cultural realities and through the dynamics of power informing those realities. Feminist therapy does not simply study the "other" to offer a neutral perspective on that experience. Rather, what is inherent in feminist therapy is the radical notion that silenced voices of marginalized people are potentially the sources of the greatest wisdom (2018, p. 4).

Many female and male counsellors have embraced and broadened their practice to allow original feminist understandings to expand to more deeply encompass societies increasing differences. They now seek to support and understand the complexity of human difficulties and challenges within; the diversity of cultures, gender identities, socio-economic standings, ethnicities' and ages of their clients, for not only women, but all clients, including men (Brown, 2010; Chaplin, 1999; Jones-Smith, 2012; Evans, Kincade & Marbley, 2005; Wolf, Williams, Darby, Herald & Schultz, 2018; Worell & Remer, 2003).

Why women sought and seek therapy.

Whilst group work provided the platform for a shift in women's counselling experiences over time, some women moved from these spaces towards more individual counselling to explore more deeply their well-being in a quieter, more personal space (Chaplin, 1999). By the 1980s individual therapy was the most common choice by women seeking support (Jones-Smith, 2012). Reasons women came to counselling in the past, and continue to seek therapy today, often include; distress and overwhelm (Lamar as cited in Bray, 2018; McLeod, 1994), relationship challenges, low self-esteem and confidence (Lamar as cited in Bray, 2018; Hatchett, Pybis, Tebbet-Duffin, & Rowland, 2015; Worell & Remer, 2003), eating disorders (Brown, 2010; Jones-Smith, 2012; Perry, 1993), mothering concerns (Lamar as cited in Bray, 2018; Hatchett et al, 2015), anxiety, depression, stress (Lamar as cited in Bray, 2018; Perry, 1993; Schofield & Khan, 2008; Worell & Remer, 2003), abuse and trauma (Brown, 2010; Gage, 2005; Hatchett et al, 2015; Hill & Ballou, 2005; Jones-Smith, 2012; Worell & Remer, 2003), grief, loss and bereavement (Hatchett et al, 2015; Parks & Prigerson, 2010), sexuality (Hill & Ballou, 2005), pregnancy loss and stillbirth (Chaplin, 1999; Robinson, 2014), health challenges (Chaplin, 1999) and substance abuse problems (Land as cited in Bergh, 1995).

Contributing factors as to why women continue to seek support in these areas include, but are not limited to, societal influences such as; family structures becoming more complex, women remaining single more often and possibly for longer periods of time, meeting partners and potentially getting married later, and/or separating/divorcing, re-partnering and often blending families because of these relationships, some are also developing new career paths or entering higher education later in life (Worell & Remer, 2003). Other factors include; financial challenges for women who often earn much less than men, greater responsibilities for children, the elderly, and the disabled, combining a number of mixed roles into their daily lives such as mother, partner, student and employee, high expectations on what women need to be in today's society, workplace stress, having limited support systems, systemic and structural (institutional) sexism, and increasing rates of domestic and sexual violence (Bray, 2018; Courtland, 2012; Land as cited in Bergh, 1995; Hunt & MacAndrew, 2018; McManus & Mau, 2019a; Worell & Remer, 2003). The later examples have generated more intense global interest in recent years.

Women seek counselling/therapy support more than men.

Women seek counselling support services more often than men worldwide even though research shows men also experience similar challenges such as; anxiety, depression, stressful life events, abuse, trauma, and substance abuse, to name a few (Donnelly, 2014; Eli, 2017; Lidden, Kinglerlee & Barry, 2018; Winerman, 2005). Reasons for men not engaging with therapy can include; men experiencing higher levels of self-stigma, and embarrassment around the idea of seeking counselling, therapy options available are less appealing to men, and often having negative attitudes towards counselling and talking with others about their mental wellbeing (Calm, 2016; Clementis et al, 2015; Eli, 2017; Lidden et al, 2018; Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011).

Given that many societies demand and expect men to be the stronger sex, both physically and mentally, this fact is perhaps not surprising. Traditional masculine norms state that men should always be in control, self-sufficient, silent, independent and stoic (Eli, 2017; Mahalik et al., 2003). These behaviours and attitudes are not consistent with reaching out to others to seek help and support when life becomes challenging and difficult (Vogel et al., 2011; Winerman, 2005). In addition, as noted earlier, psychotherapy was initially created by men to manage (and control) women's mental health and well-being, not men's. Men often still struggle with the shift within psychotherapy for it now being a more inclusive space for all, not just for women (Winerman, 2005).

Women continue to be, more often than men, diagnosed with mental health conditions worldwide and have increasing rates of diagnosis of; depression, dissociative disorders, anxiety, phobia's, eating disorders, borderline personality disorders, somatization disorders and post-traumatic stress (Clisby & Holdsworth, 2014; Evan's as cited in Courtland, 2012; Weissman, Pratt, Miller & Parker, 2015). This is often linked to women's gendered roles and social constructs/expectations of what women should do and be (Clisby & Holdsworth, 2014). Other reasons may include; sexual abuse, domestic violence, workplace inequality, postpartum depression and menopause (Weissman et al., 2015). In addition, as women appear to seek help and therapy more than men potentially their numbers are more reflected in mental health statistics. This enables them to become more visible, pathologized, and medicalised within the medical arena (Clisby & Holdsworth, 2014).

Overall, girls are socialised to be more interactive with others, and to share their feelings and emotions from a young age. Talking with others about their mental wellbeing often becomes more natural and normal for some girls and women as they grow. Thus, when challenges arise

women are more likely to seek help and share their mental health concerns than men (Donnelly, 2014). Wooster, as cited in Donnelly (2014) shares this understanding “women are more likely to seek help, particularly psychological support and ‘talking treatments’ as a way of treating their mental health” (para. 18).

Whilst more women seek and engage with therapy than men, literature and research on their wants and needs in this setting gleans some insights, and also some gaps.

What women want/need in counselling.

When considering what women want and need in therapy various aspects are mentioned in the literature such as; the counselling environment, a women’s preference for a female or male therapist, counsellors’ attributes and qualities, safety and the cost of counselling. It is interesting to note that large areas of literature however, generalise clients counselling needs rather than specifically talk about what men and women prefer individually. The following sections explore this in more detail.

The counselling setting - Environmental factor

Environments we enter have the potential to affect and impact our physiological and psychological wellbeing (Gross, Sasson, Zarhy & Zohar, 1998; Ulrich et al., 1991).

Counselling settings are then important to consider in terms of the impact they may have on clients. As Saunders & Lehmann (2018) state “it is anticipated that counselling spaces will have some influence on clients’ thoughts, feelings and behaviours and potentially affect the therapeutic process” (p. 57).

Studies specifically focusing on women's preferences regarding their counselling environment are difficult to come by. A study by Sanders and Lehmann (2018) however shared that "...the design and layout of counselling rooms affect clients, particularly women who are feeling vulnerable" (p. 57). Their research gathered data from interviews with 12 women and three men who had received counselling in a 'pre-built' environment (a counselling room that their counsellor or service had set up or designed) within an organisational setting in Bendigo, Australia, within the five years prior to the research. This data was compared to their preference for a counselling room (Sanders & Lehmann, 2018).

Participants were asked to create a model of the room they had received therapy in, (using toy furniture, different sized boxes, to reflect different room sizes, and a colour paint chart) and then design their ideal, or preferred counselling room. They were asked to describe, whilst they were building their rooms, their thinking and feeling in terms of the room designs, and to talk about why they made these choices (Sanders & Lehmann, 2018). This study highlighted that for women who were anxious, or who had experienced trauma, having clear access to the door, or windows, and an environment that was welcoming, homely and relaxed would be beneficial and increase their sense of safety and security (Sanders & Lehmann, 2018).

Other research tends to explore clients' preferences of counselling environments in general, rather than specifically what female clients prefer. Aspects such as colour of the room, artwork, furniture, visible qualifications of the therapist, tidiness, and lighting appear to be connected to how a client feels in this setting and their perception of the therapist (Devin et al., 2009; Pearson & Wilson, 2012; Pressly & Heesacker, 2001). It also may impact how much self-disclosure clients may provide and how emotionally safe they feel in therapy (Pearson & Wilson, 2012).

A warm, relaxed, inviting space that provides a range of, comfortable seating options that are flexible, that has access to natural light⁸, or views of nature (if possible), and/or soft lighting, plants, artwork, soft furnishings, carpet and subdued co-ordinated colours appears to be helpful and beneficial for many clients (Knox & Cooper, 2015; Miwa & Hanya, 2006; Sanders & Lehmann, 2018; Phelps et al., 2008). Small offices or rooms are not recognised as being helpful to clients who are more likely to experience feelings of claustrophobia or anxiety in these settings (Hasse & Dimaltia, 1976; Pearson & Wilson, 2012). Additionally, large open spaces are likely to increase feelings of insecurity (Pearson, & Wilson, 2012) and limit connection between the therapist and client (Saunders & Lehmann, 2018).

Soundproof walls and therapy rooms that are private increase feelings of safety in clients and their ability to self-disclose, along with confidence in their therapist's ability to keep their information secure (Knox & Cooper, 2015; Pearson & Wilson, 2012; Pressley & Heesacker, 2001). As Pressley & Heesacker (2001) note, rooms that provide a "...warm, intimate setting tend to produce greater self-disclosure" (p. 153). Some research suggests that having the counsellor's qualifications framed and visible for clients to see can impact positively on the client's perceptions of the counsellor's competence (Devan et al., 2009). In addition, Saunders and Lehmann (2018) observed in their research of clients' experience and preference for counselling room design and spaces, textbooks on bookshelves were valued. Participants interviewed shared the presence of bookshelves in counselling rooms created the impression of a knowledgeable counsellor and their potential to provide a credible service (Sanders and Lehmann, 2018).

⁸ Natural or soft lighting has been noted in research to support disclosure in clients, lower the risks of depression, and generate a more positive impression of the therapist (Miwa & Hanya, 2006; Pearson & Wilson, 2012; Pressley & Heesacker, 2001).

A women's preference - female vs a male therapist.

There is a range of research/literature which shares that often women chose/prefer to see a female counsellor, rather than a male, regardless of the challenge they are seeking support for, (Cooper, 2006; Dancey, Dryden & Cooke, 1992; Speight & Vera, 2005) but especially when disclosing topics such as abuse, trauma, and female specific challenges (Landes, Burton, King, & Sullivan, 2013; Payne et al., 2015; Yanico & Hardin, 1985). Women who prefer a female therapist seek this for several reasons. For instance, they could feel more comfortable talking with another woman, or being with someone of the same gender could potentially offer more understanding and empathy of the client's lived experience. Female clients may prefer feminine qualities from their therapist, they may prefer to work through problems with a female counsellor, or they may have had a previous adverse experience with a male counsellor (Pikus & Heavy as cited in Landes et al., 2013; Corry, 2018).

Other studies show that for some women they don't mind seeing either a male or female therapist for psychotherapy (Lindon et al., 2018). Some literature explores how seeing a male counsellor for vocational decision making is slightly preferred by some women (Fowler, Wagner, Iachini & Johnson, 1992).

Qualities and attributes of a therapist women prefer in therapy.

Certain qualities and attributes are perceived as helpful for counsellors to have when providing therapy for women. These qualities include someone who is understanding, highly empathic, warm, and has the ability and maturity to appreciate a women's potential reality and challenges (Hanna, Hanna & Giordano, 1998). Counsellors having an understanding of societies expectations of women is also considered important to enable women to unpack and make sense of their realities within this context (Hanna et al., 1998).

Bray (2018) supports this understanding. In her article, 'Speaking to the needs of women in counselling' Bray highlights that it is important for counsellors to recognise that women of today's era are, more than ever, often juggling multiple roles such as; mother, working professional, student, 'housekeeper' and partner (Bray, 2018). Alongside these roles is an increase in societal expectations on what a woman 'should do' and 'be' (Bray, 2018). Bray suggests therapists working with women need to be aware of these societal assumptions and expectations on women and acknowledge this struggle and reality with their female clients. By focusing on getting to know the client and her individual situation helpful support and guidance can then be offered that does not perpetuate societal stereotypes (Bray, 2018). Lamar, cited in Bray (2018) highlights this when she states

There is an expectation that moms should be more present as mothers, but at the same time we're seeing more and more women in the workforce. We see women having more anxiety, more depression and feeling overwhelmed. When women are trying to juggle all of these things, the first to go is self-care... We need to be mindful of the language we're using ... [and]...how we're pathologizing women. Be aware of that oppressive social context so we are not blaming women. Talk with your clients about...[how]...they are living in a climate where these expectations are commonplace, and it affects mental health (Bray, 2018, para. 14).

In addition, counsellors who develop a therapeutic alliance and demonstrate positive regard toward their clients (regardless if the therapist and client is male or female) have a positive impact on client's outcome measures (Duff & Bedi, 2010; Meyers, 2014). Clients also report feeling more comfortable with a counsellor who in some way fulfils their perceived needs and/or who demonstrates similarities to them in a meaningful way (Manthei, 2005; Vera,

Speight, Midner & Carlson, 1999).

Safety.

The term safety is often implied as important for women seeking support and therapy. However, there is limited research on what this means for women and their experiences of spaces where they feel safe. This is highlighted by Lewis, Sharp, Remnant, & Redpath (2015)

notions of 'safe space' are frequently invoked in wider feminist environments...but are relatively neglected in academia. Indeed, despite a body of scholarship which looks at questions of gender, safety and space, relatively little attention has been paid to exploring the meaning of 'safety' for women and, particularly, the meaning and experience of spaces they consider to be 'safe' (para. 1)

The authors above conducted research into this area in England through a qualitative study of 30 women who attended a two-day women-only feminist convention and who offered their understandings of safety within a women-only space (Lewis et al., 2015). Their findings revealed that women felt safe in a women-only space as they, felt free from misogyny, harassment and threats of sexual violence (Lewis et al., 2015). Being in a safe space also allowed participants the freedom to be themselves, to express their true emotions, and to feel able to engage and participate in more meaningful ways with others than in mixed spaces (Lewis et al., 2015).

Cost of therapy.

The ability to access counselling is not easy for some women due to cost, long wait times, location of the counselling service, childcare responsibilities and work commitments (Broughton, 2018). In New Zealand counselling costs range from free, or subsidised counselling, to over a \$150 per hour (Vance, 2014). For some women the cost of counselling is often unaffordable and means they don't receive support when needed (Vance, 2014). For women, whose mental health and well-being is compromised, this often ripples into their relationships with others such as partners, children and friends. Thus, women's mental wellbeing also has an impact on society, not just them as an individual (Corry, 2018). As an article on the Social Solutions (2019) blog states "making sure that individuals have access to mental healthcare can improve lives and communities" (para.3). Tudor (1998) talks about how charging a fee for therapy is recognised by some therapists as being important with some stating clients benefit more when they pay for a service. Tudor (1998) however, recognised the tension in this as he recognised the benefit of free counselling being available for those in need, and for some counsellors the need to charge to gain an income.

Literature on counselling for women in women-only environments and how women talk about these spaces.

Research on how women experience counselling in women-only environments is limited. An exploration of the literature identified three published reports and a book on this topic. Women's understandings of the usefulness and importance of counselling in women-only environments and how being in a women-only space feels for women will be considered below.

Eileen McLeod's book, 'Women's Experience of Feminist Therapy and Counselling' (1994) shares the results of a study based out of a feminist therapy centre in England. There were two primary aims of the study. The first was to gain some understanding of participants primary personal relationships as a child and an adult, and the second was to explore women's experiences of feminist therapy for their emotional wellbeing, within a feminist therapy centre (McLeod, 1994). Counsellors, the coordinator and a sample of women who had attended the centre within the first two years of it opening were interviewed during 1987-1988. Thirteen women who had received free one-to-one counselling at the centre were interviewed along with three women who had attended a therapeutic group at the centre and four counsellors who worked for the centre (McLeod, 1994).

Findings of this study identified that woman came to the centre often due to challenges such as; substantial emotional distress, experiencing social inequality, having limited support systems, wanting to talk with another women about their challenges, being around other women and relationship challenges (McLeod, 1994). Some participants also acknowledged previous therapies they had sought had not proved helpful and that interactions with men and/or male therapists had been unsupportive (McLeod, 1994). Women shared that counselling within this women-only setting provided; an opportunity for them to feel cared for, a time to concentrate on their emotional needs, that they didn't feel that they were being perceived as inferior and that they had a freedom of expression that was not available in other areas of their lives (McLeod, 1994). Counselling at the therapy centre also contributed to an improvement in many clients' feelings of confidence, self-acceptance and self-worth (McLeod, 1994). The centre's friendly, informal ambience was noted by participants as being helpful. Many women in the study shared how important having access to free counselling

was. They shared they would not have been able to pay for therapy elsewhere (McLeod, 1994).

Therapy at the centre was non-time-limited which was considered beneficial for participants who received between three months and three years of therapy (McLeod, 1994). Limitations of the study were that women of ethnic minority, physical disabilities, or many elderly women (only four women were aged over 60) were not in the sample cohort (McLeod, 1994). Thus, the results reflected the opinions of the predominately younger (the median age of participants was 34 years) European population of clients of the centre (McLeod, 1994)

In 2007 the Women's Resource Centre (WRC) in the United Kingdom published a report called, 'Why Women Only? The value and benefit of by women, for women services' (Women's Resource Centre, 2007). In this study a random sample of 1000 women in the UK gave their perspectives and experiences of 101 women-only organizations. Of the 1000 women interviewed, 180 women had used a women-only space with counselling being the prime reason for entering this space (Women's Resource Centre, 2007). Eight hundred and forty women stated that an advantage of a women only space would be their ability to share their life journey and experiences more openly. Comfort, safety and understanding featured highly as key reasons and benefits why women chose, or would choose, to access women-only spaces (Women's Resource Centre, 2007). Further key benefits include women feeling more comfortable to articulate their needs and express themselves, without the presence of the 'male gaze' and women reported feeling less likely to feel intimidated and constrained (Women's Resource Centre, 2007). Being able to 'take stock' before re-entering mixed spaces in the community was acknowledged as a key benefit as well as women's needs being met by other women. There was also a recognition that women only spaces provided better

outcomes than mixed spaces by those interviewed. This report supports the need for women to have access to women-only places, and the desire for some women to have counselling within these spaces (Women's Resource Centre, 2007).

In 2018 the Women's Resource Centre updated the original 'Why Women' campaign to provide current evidence of the value and effectiveness of women's organisations (Corry, 2018). By evaluating recent research and data obtained through focus groups from four diverse specialist women's organisations in the UK⁹ the following findings emerged. Women shared that they felt it was vital that women had the option of attending women-only services and spaces, and that these settings enabled women to feel safe. They said specialist women's organisations provided effective support, where women felt a sense of belonging and that these spaces had the potential to change women's lives. There were genuine fears for the future of women's organisations due to closures and reduced funding for these spaces (Corry, 2018). In recent years women seeking support from women's organisations in the UK had increased by 85% whilst their funding was decreasing by half (Corry, 2018). The report called for there to be more sustainable funding for women-only organisations and for the value of these places to be recognised and respected by decision makers and funders including government and service commissioners (Corry, 2018). In addition, the report demonstrated the on-going need for women-only spaces as they provided valuable and effective support for not only service users but the wider society as there was recognition that if a woman is healthy and well this impacts on others in their lives and society (Corry, 2018).

⁹ Forty services users were recruited from four women's organisations to participate in the focus groups (Corry, 2018).

Whilst this report did not focus specifically on counselling within these organisations for this report women did share that having the ability to talk with a counsellor within these settings was valuable (Corry, 2018).

The third report entitled, 'Evaluation of long-term counselling at a community health service for women who are on a low income' was published in 2015 (Payne et al., 2015). In light of the lack of exploration into long term counselling, and the limited women-only counselling services within the United Kingdom, the study explored and evaluated the long-term (up to 90 sessions over two years), low cost, counselling service offered by a women-only community health care centre (Payne et al., 2015). The centre also offered homeopathy, acupuncture and massage for women. Of the 39 female counsellors at the health centre, one third were trainees. Most of the counsellors were volunteers (Payne et al, 2015).

Participants were recruited from the 550 women who had accessed the counselling service between December 2003 and May 2010 (Payne et al., 2015). All women were posted a pre-counselling questionnaire and a self-measure report. Approximately 300 women who completed their counselling between December 2003 and June 2010 were sent a post counselling questionnaire and a self-measure report (Payne et al., 2015). One hundred and fifty-five women completed the pre-counselling questionnaire and a self-measure report, and 75 service users completed the post-counselling questionnaire and a self-measure report (Payne et al., 2015). Ninety-eight service users who completed a self-report measure alongside either/and the pre and post-counselling questionnaires.

Data was gathered from these three sources. The pre-counselling questionnaire assessed demographics such as, age, household income, number of children, employment, and history

of mental, physical and sexual abuse (Payne et al., 2015). The post-questionnaire assessed the same features as the former questionnaire and also, the women's satisfaction with her therapy, and their perceived relationship with their therapist, along with if there had been any major life changes since the first report and if, and why, the women may recommend the service to others (Payne et al., 2015). The self-measure report sought to measure subjective wellbeing, psychological symptoms, life functioning, and risk of self-harm or suicide. A large number of participants of the study shared they were unemployed, had a low income, a history of abuse and mental health challenges (Payne et al., 2015).

The findings of this study demonstrated links between abuse, poverty, and psychological distress (Payne et al., 2015). There were key benefits for 84 % of participants who had received counselling at this women-only centre. These benefits included; feeling supported, comfortable and gaining personal insights, reduced suicidal ideation, anxiety and depression, making positive life changes including improved relationships with family, feeling more hopeful and confident and making health improvements and life changes. All participants reported they would endorse the service with one of the primary reasons for this being the Centre is run by, and for, women (Payne et al., 2015). Furthermore, the counselling service was recognised as being affordable, secure, accessible and welcoming. Participants noted that it was important that the counsellor they saw was understanding, trustworthy, easy to talk with and caring (Payne et al., 2015). A small number of participants reported a negative experience with their counsellor in terms of not feeling they connected with them, that their therapist lacked experience, and/or there was limited interaction. Overall, the study found that long-term counselling offered by this Centre for women on a low income was valued and effective for the majority of participants (Payne et al., 2015).

Limitations of this study were that three quarters of the service users of the centre did not respond to the questionnaires, only a small number of women completed both questionnaires, and women of colour and ethnic minority groups were noted to be slightly underrepresented in the study compared to statistics of the population in which the centre was located (Payne et al., 2015). The researchers of this study encouraged further research into comparing counselling treatment of the women-only community health care centre with other local and national services (Payne et al., 2015).

Section Three.

Women's Centres in New Zealand.

During the 1970s and 1980s approximately twenty Women's Centre's became established in New Zealand (Else, 1993). The first to open was New Plymouth Women's Centre in 1975, which remains open today. Currently there are eighteen Women's Centre's in New Zealand providing an array of services which often include; women's workshops, courses or support groups, a library, legal support, advocacy, resources, referral to other agencies, opportunity shops, and counselling services (Auckland Women's Centre, 2013; Kapiti Women's Centre, 2019; Lower Hutt Women's Centre, 2017; Nelson Women's Centre, 2019; North Shore Women's Centre, 2019; Upper Hutt Women's Centre, 2019; Women's Centre New Plymouth, 2019; Women's Centre Waitakere, 2019).

As non-profit organisations, Women's Centres in New Zealand rely heavily on funding, donations, fundraising and community support to enable them to operate and provide services for women in need (Anderson, 2016; Rankin, 2019; Rutherford, 2017).

Some centres live with constant financial stress and the possibility of closure due to; limited finances (short term funding and increasing competition for funds) rising costs, a lack of political support and backing, along with reduced visibility of the need for women's agencies (A Trebus, personal communication, May 8, 2017; Anderson, 2016; Rankin, 2019; Rutherford, 2017). All centres rely on volunteer support staff to enable on-going services. These people may include social workers, counsellors, lawyers and members of the local community that want to help support these spaces.

The provision of free counselling at Women's Centres is not New Zealand wide. Currently there are seven Centres that offer this service. These are; Christchurch Women's Centre, Waitakere, (with a student counsellor when available), Rodney, (with a student counsellor when available) North Shore, Kapiti, Heretaunga and Helensville Women's Centres (Christchurch Women's Centre, 2019; Helensville Women and Family Centre, 2019; Heretaunga Women's Centre, 2015; Kapiti Women's Centre, 2019; North Shore Women's Centre, 2019; Women's Centre Rodney, 2019; Women's Centre Waitakere, 2019).

This free counselling often applies to women who are unable to fund sessions. Christchurch, Waitakere, Rodney, North Shore, Heretaunga, and Helensville Women's Centre's along with Upper Hutt, offer The Ministry of Social Development Counselling Subsidy if women are eligible which enables them to receive six counselling sessions for free (Christchurch Women's Centre, 2019; Helensville Women and Family Centre, 2019; Heretaunga Women's Centre, 2015; North Shore Women's Centre, 2019; Upper Hutt Women's Centre, 2019; Women's Centre Rodney, 2019; Women's Centre Waitakere, 2019).

Women Centres which offer low to moderate fees for counselling include, Nelson, Auckland, Waitakere, Heretaunga, Helensville and Upper Hutt Women's Centre's (Auckland Women's Centre, 2013; Helensville Women and Family Centre, 2019; Heretaunga Women's Centre, 2015; Nelson's Women's Centre, 2019; Upper Hutt Women's Centre, 2019; Women's Centre Waitakere, 2019).

The remaining Women's Centres in New Zealand including, Palmerston North, Lower Hutt, Wairarapu, New Plymouth and Wanganui Centre's refer women seeking counselling to other providers (Lower Hutt Women's Centre, 2017; New Plymouth Incorporated, 2019; Palmerston North Women's Health Collective, 2019; Wairarapu Women's Centre, 2019; Women's Centre Women's Network Whanganui, 2019).

My exploration into New Zealand literature found no research on how women experience counselling within Women's Centres in Aotearoa. This research will provide much needed data in this area which will generate/foster ideas and guidance for these spaces and their counselling work with women.

The current state of counselling services for women in New Zealand.

An online search shows an array of counselling options for women throughout New Zealand. These options are often connected to mental health services. Most General Practitioners (GP's) are affiliated with Primary Health Organisations who are often able to offer access to free mental health support, including counselling (Mental Health Foundation, 2019). The Ministry of Social Development also offers subsidised counselling for beneficiaries and low-income earners as part of their Health and Disability Allowance if certain criteria are met

(Work and Income, 2019). District Health Boards Community Mental Health Services provide community-based support, including counselling, for those who meet the, 'mental illness criteria' and are referred via a GP (Mental Health Foundation, 2019).

There are also free counselling services provided via phonelines such as; Lifeline (Lifeline Aotearoa, 2019), Depression Helpline (Depression.org.nz, 2019), Youthline (Youthline, 2019), the '1737' text and phone line, (New Zealand's national mental health and addictions helpline) (Ministry of Health, 2019) Alcohol and Drug Helpline (Alcohol and Drug Helpline, 2019) and Rape Crisis (Rape Crisis, 2019).

If woman are seeking support with pregnancy loss, sexual abuse, or addiction there are agencies that provide free counselling support such as Pregnancy Counselling Service (Pregnancy Counselling Services, 2019), ACC registered sexual abuse counsellors (findsupport.co.nz, 2019) and agencies who work with addictions such as the Salvation Army (Odyssey, 2019; Pathways (Pathways New Zealand, 2019; The Salvation Army, 2019), Care New Zealand (Care New Zealand Addiction Treatment and Recovery, 2019), Community Alcohol and Drug Services (Canterbury District Health Board (CDHB), 2019) and City Missions (City Mission, 2019).

If a woman is in paid employment, they may be able to access free counselling through their work if they have an employee assistance programme (Eapservices, 2019; Vitae Wellbeing Services, 2019; Workplace Support, 2014). In addition, many tertiary providers offer free counselling such as the University of Canterbury (University of Canterbury, 2019), Ara Institute of Canterbury (Ara Institute of Canterbury, 2019), Victoria University (Victoria University, 2019), Auckland University of Technology (Auckland University of Technology,

2019), University of Otago (University of Otago, 2019), University of Waikato (University of Waikato, 2019) and Massey University (Massey University, 2019).

In Christchurch, along with the above options, there are further free mixed gender spaces providing counselling options for women including, 298 Youth Health Centre (up to 24 years of age) (Youth 298 Health, 2019), Catholic Social Services (Catholic Social Services, 2019), Canterbury Charity Hospital (Canterbury Charity Hospital Trust, 2019), Family Works (Family Works Upper South Island, 2019) and START¹⁰ (START Trust, 2019).

Other counselling providers such as counsellors in private practice usually seek a fee which is often dependant on the individual's life circumstance and ability to pay. Similar to the Women's Centre, there is often a waiting list to access many counselling services in Christchurch and New Zealand for all due to high demand, long waiting lists, limited resources and underfunding (Close, 2016).

New Zealand's mental health crisis.

Currently New Zealand is in the midst of what many are calling a 'mental health crisis' (Close, 2016; Deguara, 2019; Flahive, 2018). Recent figures show one in five (20 percent) New Zealanders in any year will have a diagnosis of mental illness. Women are represented in these figures more than men. Three quarters of lifetime cases will commence by the age of 25 (McConnell, 2018; Treasury, 2019). Risk factors that can increase mental distress include; poverty, a shortage of affordable housing, low paid work and unemployment, neglect and

¹⁰ START provides counselling for children, youth and adults who have been subjected to sexual violence (www.starthealing.org/about-us/).

abuse, trauma and family violence, social isolation and loneliness, addiction challenges, and for Maori, cultural alienation and deprivation (Clisby & Holdsworth, 2014; Flahive, 2018; Government Inquiry into Mental Health and Addiction [GIMHA], 2018).

The 2017/18 New Zealand Health Survey found that 8.6 percent of adults reported experiencing high or very high levels of psychological distress within the four-week period prior to doing the survey (Ministry of Health, 2019a). This is an upward trend on previous years (Ministry of Health, 2019a). It also showed that psychological distress is the highest amongst young adults up to age 24 years and correlates to the fact that New Zealand's suicide rates for young people is the world's highest in the OECD (The Organisation for Economic Cooperative and Development) at 15.6 per 100,000 (Flahive, 2018; Keogh, 2019; Ministry of Health, 2019a).

The 'He Ara Oranga Report' (2018) stated "New Zealand's high rates of youth suicide are a national shame" (GIMHA p. 9). Maori and Pacific people have significantly higher mental health challenges and suicide rates above other populations (Keogh, 2019; Treasury, 2019). Every year in New Zealand approximately 20,000 people attempt to take their own life (GIMHA, 2018). In the year from July 2017 to 30 June 2018, 668 New Zealander's died by suicide, including children as young as ten (Lurk, 2019; Mental Health, 2019a). This is the highest suicide total since records began in 2007/2008 (Flahive, 2018). Men made up a higher percentage of this total number with 475 taking their own live (Flahive, 2018).

Despite increasing rates of mental distress nationwide, 95 percent of people, with a referral, are waiting up to eight weeks for non-urgent mental health or addiction services according to the Ministry of Health's guidelines (The Ministry of Health, 2015). McConnell (2018) states

that only 3.7 percent of the population accesses specialist mental health services, often due to long wait times (McConnell, 2018). This delay and waiting time is often fatal for those who need adequate support and guidance when they are in crisis. The University of Auckland Associate Professor of youth mental health, Sarah Hetrick, suggests the current mental health system is “kind of like the ambulance at the bottom of the cliff...there’s more people who need them than are getting them” (Lurk, 2019, p. 21). Subsequently there are many people experiencing mental health challenges that suffer without support due to the challenges in accessing mental health and counselling services (Keogh, 2019).

In November 2018 the ‘He Ara Oranga – Report of the Government Inquiry into Mental Health and Addiction’ was released (GIMHA, 2018). This inquiry came about after widespread concerns about mental health services in New Zealand (GIMHA, 2018). The report sought to gather information from; the people of New Zealand, services providers, Iwi, community groups, universities, District Health Boards, to name a few, about their experiences and recommendations on the mental health and addiction services in New Zealand. Suggested recommendations for the Government to consider that would overhaul and transform the mental health and addiction sectors arose as there was national recognition that the current systems were not working effectively for the health and wellbeing of the nation. One of the findings in the report was that limited access to mental health and counselling services was available in New Zealand.

Problems of access wait times and quality were reported all over the country – having to fight and beg for services, not meeting the threshold for treatment, and the cruelty of being encouraged to seek help from unavailable or severely rationed services. Gaps in services, limited therapies, a system that is hard to navigate, variable quality and

shabby facilities added up to a gloomy picture of a system failing to meet the needs of many people (GIMHA p. 10).

The annual cost of serious mental health illness and addiction in New Zealand is estimated to be \$12 billion (He Ara Oranga Report, 2018). The Government's 'Wellbeing Budget' is seeking to address New Zealand's growing mental health epidemic (Treasury, 2019). Many of the initiatives of the Budget align with the 40 recommendations made in the He Ara Oranga Report (The Ministry of Health, 2019). Plans are in place to spend \$1.9 billion between 2019 and 2023 on a new frontline mental health service, investing in social determinants of mental health, supporting mental well-being within the justice sector and strengthening existing mental health services (Treasury, 2019). Forty million dollars will also go towards suicide prevention services (Treasury, 2019). There has been government recognition that action needs to be taken, and quickly, to remedy and transform our mental health services to better suit the people who enter these spaces and to support their wellbeing into the future.

Of note, the He Ara Oranga Report highlighted that people were asking for more community support in terms of crisis care, employment support, addiction recovery, whanau wrap-around services, social support and drop-in centres (GIMHA, 2018). People were asking for access to an array of therapies and options away from district health boards to non-government providers (GIMHA, 2018). Women's Centres in New Zealand offer aspects of this recommendations such as social support and a drop-in centre. Research into women's experiences of these centres is thus timely in the context of this current crisis.

The ‘me too’ movement.

On 8th October 2017 a New York Times story made headlines around the world. Harvey Weinstein, a hugely influential Hollywood producer, had allegedly been sexually harassing and abusing women for decades (Nicolaou, 2018; Picone, 2018). Ashley Judd, an actress, went public in a Times article with her story of sexual harassment by Weinstein and the ripple on effect was extraordinary (Nicoaou, 2018). Within mere days over 100 other women shared they too had suffered sexual misconduct/harassment from Weinstein (Nicoaou, 2018). These women were often actresses and former employees of the company Weinstein co-founded. Despite his continual insistence that all these encounters were ‘consensual’ (a claim denied by all the women who spoke out) a multitude of legal proceedings were commenced. Weinstein was fired by his production company, and within days the #metoo movement was born (Nicoaou, 2018).

On the 16th October 2017 actress Aylssa Milano publicly encouraged women to speak out and share their stories of sexual abuse and harassment using the hashtag #metoo¹¹ to highlight the universality of the issue (Nicoaou, 2018). This ‘call to share’ ultimately opened floodgates around the world as women started outing and naming hundreds of men who had subjected them to sexual abuse and harassment historically, and in recent times (Nicoaou, 2018). Key figures in the worlds of entertainment, politics, news agencies and other professions were named publicly as abusers of women (Bray, 2018). Many of these men resigned from their positions, or were fired or suspended from their roles, their careers often destroyed (Nicoaou, 2018). Some men also came forward and publicly shared their experiences of sexual harassment and abuse at the hands of other men (Nicoaou, 2018).

¹¹ The ‘me too’ phrase was originally coined in 2006 by Tarana Burke. Tarana is a civil rights activist who has since 2003 been campaigning for activism to support girls and women who have been victims of sexual abuse and harassment (Brockes, 2018).

By the end of 2017 the movement was still very much in the medias gaze. Indeed, Time Magazine named their ‘Person of the Year 2017’ as the ‘silence breakers’, the women and men who shared publicly their experiences of abuse (Nicolaou, 2018).

On 1st January 2018 an initiative called ‘Times Up’ was announced through Time Magazine. Three hundred women within the entertainment industry had set up an agency that would specifically focus and address issues of gender inequality and sexual harassment within the motion picture industry. This agency was designed to financially support individuals with limited resources with sexual misconduct cases (Picone, 2018).

As these movements gained traction women banded together in public displays of solidarity including at the 7th January 2018 Golden Globes awards (Nicoaou, 2018; Yohana, 2018). Nearly all actresses in attendance, and many men, wore black to highlight the movements. Some went to speak on stage when presenting or accepting awards to share their support verbally (Nicaou, 2018). Oprah Winfrey, an acclaimed American television personality, entertainer, actress, philanthropist and media executive, gave a powerful speech acknowledging the metoo movement when presented with her lifetime achievement award at the Golden Globes. “For too long women have not been heard or believed if they dare speak the truth to the power of those men. But their time is up. Their time is up” (Oprah as cited in Friedman, 2018, para. 2). The metoo’ movement grew rapidly through social media and spread out into other countries, including New Zealand, almost overnight.

#metoonz

As news of the Weinstein article and subsequent #metoo movement reached New Zealand’s shores the question was raised. How prevalent is sexual harassment and misconduct in Aotearoa? It turns out, very. Sexual harassment and abuse for girls and women is rife,

corrosive and very present. It is in our homes, work, political and study spaces and the statistics are alarming. Investigations, publications, and social media have provided a platform for this usually hidden and not talked about topic to be more of a public conversation since the Weinstein exposé.

Many women in New Zealand have spoken out, sharing their stories of sexual harm and harassment, outlining this is alive and thriving in a multitude of spaces and places. In February 2018 five legal interns came forward stating they had been victims of sexual harassment at one of New Zealand top law firms, Russell McVeagh, three years earlier (Borissenko, 2018). An independent review of the firm showed a systemic sexual harassment and bullying culture. Following the revelations by the interns, Zoe Lawton, a legal consultant and researcher, set up a #metoo blog for people to speak out and share their stories of sexual harassment within the legal profession (Lawton, 2018). Within a month of the blog being open 214 people had shared tales of abuse, rape and intimidation within the legal sector (Lawton, 2018). One hundred and ninety of the posts were by women (Lawton, 2018). These findings and an independent review of McVeagh prompted surveys by the Law Society, The Wellington Women's Lawyer's Association and the Criminal Bar Association to try to establish the depths of sexual misconduct within the legal profession (Lawton, 2018). The Law Society's survey highlighted that nearly a third of female lawyers had experienced sexual harassment within their working life (Borissenko, 2018).

Television New Zealand has also had former female employees come forward to the media and share that they too experienced sexual harassment and that it was an 'open secret' within the agency (Mau, 2019a). The New Zealand Defence Force (NZDF) has also been accused of covering up sexual harassment claims for one of their Sergeants. In the 1980s, Mariya Taylor,

an 18-year-old employee of the NZDF, was repeatedly sexually harassed by Sergeant Robert Roper over a three-year period until she left the Air Force to escape him (Mau, 2018b). Despite her making multiple complaints Roper's actions were never taken seriously and he continued to harass and abuse other women throughout his career. He has been convicted of sexually assaulting five women and girls (his own daughters) whilst in the Royal Air Force in the 1980s and is currently serving a 13-year jail sentence for these crimes (Mau, 2019b).

Also in the spotlight has been the way Universities in New Zealand respond to sexual harassment claims by students. A 'Stuff'¹² investigation in October 2018 highlighted that sexual assault, rape, and harassment is rife within New Zealand Universities (Duff & Hunt, 2018). In addition, that Universities were unequipped to provide adequate support for students that disclosed, or were seeking information on, sexual misconduct, or to address that sexual harm was becoming more evident within their institutions (Duff & Hunt, 2018; MacManus & Mau, 2019a). A recent survey by an Otago PHD student, Kayla Stewart, of 2,700 students at a University in New Zealand showed that one in three students had been subjected to some form of sexual harassment during their University life (Duff, 2019). The majority of these students were women (Duff, 2019).

State owned enterprises have not escaped the #metoonz movement. Kiwi Rail acknowledged in late 2018 that their management of a case which saw a victim wait seven years for her sexual misconduct case to be addressed by the company was appalling (Anthony, 2018). KiwiRail has a workforce of 3,400 employees, the majority of whom are male (Anthony, 2018). Women make up 17 percent cent of their workforce and in recent years women have

¹² Stuff Limited is a news media company based in New Zealand. It is a subsidiary of Australia's Nine Entertainment (Wikipedia, 2019).

been more verbal about sexual harassment within the company (Anthony, 2018). Since 2015, ten female staff have alleged sexual harassment by a male member of staff (Anthony, 2018). These incidents have forced the company to be more proactive in addressing a culture within the company that allowed sexual misconduct to occur and continue (Anthony, 2018).

Even our key political environment, Parliament, has emerged as having a systemic bullying and sexual harassment culture. Parliament, a place where the public would expect the bar for workplace behaviour to be set, has been shown to be far from the model employer. An independent report in which Debbie Francis conducted interviews and offered an online survey for those within Parliament showed multiple incidents of sexual harassment and violence (Cullen, 2019; Mau, 2019a). Out of 1,000 participants, 118 people disclosed experiences of sexual assault or harassment (Cullen, 2019). Again, the majority of these disclosures were by women (Cullen, 2019).

A common theme that emerged when reading these investigations and #metoonz revelations is that sexual harassment is often engrained within New Zealand's institutions. Women often chose not to make a complaint for fear of; not being believed, not wanting to 'make waves', that they may lose their job, feeling ashamed and/or scared, or that the sexual harm they experienced was their fault in some way, rather than the perpetrators, and the financial and the emotional strain they would be likely to endure if they persuaded the complaint. (Cullen, 2019; Duff & Hunt, 2018; Lawton, 2018). Women who have made a complaint often felt this was not taken seriously, was minimised, or brushed aside often by those who are expected to take such cases seriously and act accordingly (Duff & Hunt, 2018; Lawton, 2018; Mau, 19b). In addition, women who speak out publicly about abuse and trauma are vulnerable to victim blaming and even being trolled on social media (Bray, 2018; Lewis, Sharp, Remnant &

Redpath, 2015). These poor responses often add another layer of trauma to victims.

Along with the metoo movement highlighting ingrained institutionalised sexual harm in recent times there has been increasing publicity on societal sexual harm, especially with regards to family and domestic violence rates here in New Zealand.

New Zealand's family and domestic violence statistics.

New Zealand has a devastating statistic. Our nation has the highest rate of family violence in the developed world (Leask, 2017). Most family violence is inflicted by intimate partners and by parents and other close adults neglecting and abusing children (Leask, 2017; National Collective of Women's Refuges Incorporated [Women's Refuge], 2019). Family violence is described by Leask (2017) as "...physical, sexual or psychological abuse against any person by someone with whom they have a close and personal relationship" (para. 11). Psychological abuse also falls under the family violence umbrella. Leask (2017), shares that psychological abuse "includes economic and financial abuse, spiritual abuse, controlling behaviour, threats of violence, property damage and causing children to witness violence" (para. 11)

We consistently outrank other developed countries in terms of childhood abuse and intimate partner violence (Ensor & Cooke, 2019; Leask, 2017). Family harm and violence is a daily occurrence with 40 percent of police time spent on attending family harm incidents (Lawrence, 2018). Police, on average, attend a family violence incident every five and a half minutes within New Zealand (Leask, 2017). However, it is estimated that 80 percent of family harm incidents are not reported to police, meaning that in reality our statistics are even more disturbing (Leask, 2017).

It is predicted that one in three women worldwide, (including New Zealand) experience sexual and/or physical harm from a partner or ex-partner in their lifetime (Leask, 2017; World Health Organisation [WHO], 2017; Women's Refuge, 2019). For some women this sadly ends in them being killed by their partner or ex-partner. Whilst we are not leading in terms of homicide rates worldwide, our numbers are still high according to a new report (Ensor & Cooke, 2019). The Homicide Report was released in May 2019. It is the first publicly searchable database of homicides in New Zealand (Ensor & Cooke, 2019). The findings of this extensive report show that between January 2004 and the end of March 2019, 1068, men, women and children were killed (Ensor & Cooke, 2019). In almost 400 cases family violence was involved (Ensor & Cooke, 2019).

Half of all women victims noted in the Homicide Report were murdered by a male partner, or ex-partner (Ensor & Cooke, 2019). In most of these cases there was a recorded history of domestic violence (Lawrence, 2018). In response to the findings of the Homicide Report New Zealand Prime Minister Jacinda Ardern stated "We have horrific domestic abuse numbers. Women are being repeatedly murdered by their partners. That is a shocking fact for us as a nation" (Ensor & Cooke, 2019, para. 3). She also acknowledged that how we address domestic violence as a country needs to change.

We have to change the way we confront domestic violence – not just through our services but also through the way we seek to address domestic violence as a nation, and the way we encourage conversation and an entire culture change (Ensor & Cooke, 2019, para. 5).

The Wellbeing Budget, released on 30th May 2019 by the Government, has promised to spend \$320 million on tackling family and sexual violence in New Zealand (Sivignon, 2019). Family

and sexual violence cuts across all sectors of society regardless of age, social and economic status, religious, racial and cultural backgrounds, and whether people live in urban or rural areas (Women's Refuge, 2019). Mental health challenges may also increase the risk, along with men having a sense of entitlement over women, deeply held beliefs about masculinity, and attitudes that condone violence (Goldsmith, 2018; WHO, 2017). Whilst not all family harm and sexual violence is caused by men, research shows they are most often the perpetrator and children and women the victims (WHO, 2017).

Many women are drawn to, or seek, woman centred spaces and feminist orientated counselling to work through the above challenges rather than traditional male orientated spaces due to feeling more supported, recognised, and understood (Chaplin, 1999; Corry, 2018; McLeod, 1994). Women's Centre's and women-only spaces which provide this support are clearly just as relevant and necessary as they ever were. Perhaps even more so, given the current challenges in society women continue to face and the increase of disclosures by women.

Due to the fact there is limited research which centres women's voices in relation to how they experience counselling within Women's Centre's current research on this area is important. The need for women to enter places that provide relevant, supportive, safe, and appropriate care and counselling can be clearly noted in the literature. It is only by talking with women, gathering their collective voices, and seeking to meet and match their needs that Women's Centres can be sure they are meeting the needs of their clients. This research seeks to provide some insight into what women find helpful, necessary, and valuable in these spaces.

Aims of this project.

The specific focus of this research project is to explore nine women's experiences of counselling in a woman only space, namely the Christchurch Women's Centre. The rationale for the project is to gain an understanding of women's experiences in this setting. I focus on; what drew women to the Centre for therapy, what women find helpful and beneficial about counselling in this setting, exploring if there were differences between other counselling spaces they may have entered and the Women's Centre, what kept them coming back to this environment and whether they would choose to attend counselling in this environment in the future.

Current research on how women experience and talk about counselling in a women-only space is important for many reasons. This project adds to the limited body of knowledge of how women experience counselling in a women-only space, here in New Zealand, and around the world. It also allows and encourages more women to share their story and gives their voice a space and place to be heard. This research will also be relevant to other counselling services. Its findings will provide insight into how women experience this type of therapeutic space which other agencies may choose to replicate or consider.

Chapter Two: Methodology

This chapter provides an overview of the framework used when undertaking this research project. I describe qualitative research and share how the philosophical assumptions of this methodology connect to my research. The importance of having a reflexive process throughout this project is also outlined. Reasons for applying the interpretivist approach are also mentioned along with my decision to explore this research through the lens of feminist principles and understandings.

Qualitative Research

Qualitative research is the most fitting methodological approach to use in my research project. This approach focuses on how people understand and make sense of their experiences and the world in which they live (Holloway, 1997; Snape & Spencer as cited in Ritchie & Lewis, 2003). As I have identified, there is limited research on women's experiences in women-only counselling spaces. This methodological approach enabled me to explore the rich details of women's experiences and perspectives within this environment. Denzin and Lincoln describe qualitative research as

a situated activity that locates the observer in the world. Qualitative research consists of a set of interpretive material practices that make the world visible. These practices transform the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them (As cited in Ritchie & Lewis, 2003, p. 2-3).

This quote resonated with me in terms of my research project. Through sitting with women and hearing their experiences of having counselling within a women-only space I was able to explore and share my interpretations of the meaning and phenomena I observed, documented and analysed.

I based my research project on the four philosophical assumptions inherent in qualitative research as outlined in Creswell (2013). This included the ontological assumption that as a researcher I would embrace the idea of multiple realities. Creswell, describes this idea further “different researchers embrace different realities, as do the individuals being studied and the readers of a qualitative study” (2013, p. 20). Thus, there was no one 'truth' or answer that I discovered in my study, rather my research offered different women's perspectives and realities.

The second assumption is about the epistemological belief inherent in qualitative research is that researchers try to base themselves in the field of the study to minimise the distance between themselves and those being studied and researched (Creswell, 2013). Being a former counsellor at the Women's Centre allowed me the ability to be familiar with the environment I was researching and also offered the participants the option to share their experience in the 'natural' setting of the Centre where the interviews were conducted if that was their choice.

Thirdly, the axiological assumption requires that the researcher identifies the 'value-laden' nature and biases of both the study and themselves as the researcher, thus positioning themselves in the research project (Creswell, 2013). I am conscious that my understanding of the world is tied into my social circumstances of being a 46 year old white, middle-class, heterosexual woman. Whilst my work, personal life and educational experiences have

provided me with the opportunity to work with and support many women, my understanding of their lives will always be partial. Everyone has biases and values. I am no different.

Through reflective practice however, I actively seek awareness and clarity on these. My values and biases will ultimately highlight what I value in my research, how I conducted it, and what I value in terms of my research findings. The fourth assumption is that the methodology followed in the qualitative study is based on an inductive process of working from the ground up with participants (Creswell, 2013). This means gathering data from them personally and using this as the foundation on which to base the research rather than being moulded from the perspective of the researcher or a theory (Creswell, 2013).

The findings of this study sought to identify the participants' perspectives, meanings and understandings to offer a complex and holistic picture of the research topic. This was especially important because of the limited research on this topic, and the history of the invisibility of women's voices on topics which are directly relevant to them. Engaging in a reflexive process throughout, primarily through the use of a reflexive research journal, was also a way of adhering to the importance of the inductive process. Through the use of the journal, I noted insights and observations that allowed me to interpret and unpack this research project more thoughtfully and deeply. As noted by Mauther and Doucett (2003) reflexivity is vital when analysing and interpreting qualitative data. They describe how reflexivity asks; researchers to, question how their data is interpreted, note what influences are present during this period, to explore what their role in the analytic process is, and to challenge any preconceived assumptions and ideas researchers may have and be as transparent as possible about this within research.

Interpretivist Approach

The theory which underpins my research methodology is the interpretivist approach. The interpretivist model focuses on the ways in which people understand and make sense of their subjective and socially constructed reality and the meanings they attach to it (Willis, 2007). This theory highlights that our beliefs, values, ideas and thoughts are generated by the social and cultural environments in which we live. As Neuman (2003) mentions, research carried out with an interpretivist approach is seeking to explore and unpack the details of people and their experiences within the context of their environment. As the purpose of this thesis was to reflect participants understandings of their experience of counselling in a women-only space this research approach seemed an ideal fit. Interpretivism also allows for multiple understandings of a particular context or situation to be explored and as I mentioned earlier, I was seeking to provide a research project that allowed for many women's voices to be heard and unpacked.

Feminist Principles and Understandings

Underpinning this qualitative methodological approach certain feminist principles and understandings influenced and were present throughout my research project. As I highlighted in the introduction, feminist principles guide my counselling practice. This project involved women's journeys and stories it felt fitting that I explored how women experience counselling in a women-only space through a feminist lens.

Much has been written on feminist research approaches, however Creswell (2013) offers a description that sits the most comfortably with me in terms of my research topic "in feminist research approaches, the goals are to establish collaborative and non-exploitative relationships,

to place the researcher within the study so as to avoid objectification, and to conduct research that is transformative” (p. 29).

This quote identifies three key principles of feminist therapy and research that other literature also supports as being necessary when conducting feminist research (Hesse-Biber, 2012; Hesse-Biber & Leavy, 2007; Laidlaw & Malmö, 1990). These key principles include: being accountable for equality between participants and myself as the researcher, situating myself as the counsellor and researcher undertaking the study in the environment being researched, and offering results/findings that articulates participants’ experience and knowledge.

Being accountable for equality between the participants and myself

As a female researcher interviewing women I did not take for granted that the female participants would naturally be relaxed, comfortable and willing to share their story with me as soon as we met. Asking anyone to share aspects of their experience in a safe way requires the building of trust, safety and mutual respect. Being mindful of this process and having the desire to work in partnership with the participants, was very important to me when conducting this research project. I was conscious of providing participants with; clear details on the project, a safe space for any questions or concerns they may have had, an environment that felt comfortable for them to talk about their experience and journey, and a respectful and friendly approach. Thus, whilst I was the researcher conducting the project and seeking information from the participants, they had a choice in how this was done in terms of which information they wanted to share and disclose. They also chose the physical space/ environment to meet with me, the timing of our interview, and how their voice could be represented in the research. For me, and hopefully the participants, this active, transparent and flexible approach and process enabled partnership, mutual respect, trust and equality to

develop and sit in the space with us.

DeVault & Gross as cited in Hesse-Bieber (2012) discuss this understanding of seeking equality and partnership within research studies and projects. They highlight how feminist researchers, in most cases, have sought and been committed to finding a common ground and understanding with participants to enable interviews to be collaborative and more open encounters.

Situating myself as the counsellor and researcher

I completed my almost two-year internship at the Women's Centre in October 2017.

Throughout this period, I became very familiar with the environment, space and dynamics of the Centre. I spent close to 280 hours counselling women with a vast array of challenges at the Women's Centre over this two-year period. I also accrued almost 200 hours of non-face-to-face time through the writing of clinical notes, attending supervision, staff meetings and educational opportunities. These experiences gave me a firm base on which to conduct my research project and talk with women about their journey of counselling in a women-only space.

My own personal experience of counselling in recent years also enabled me to be more aware and sensitive to how participants may feel during the interview process. Being in a shared space with a therapist/researcher can feel intimidating and I was mindful that some participants may be nervous and unsure of what may occur in our time together. Thus, I sought to mitigate this by acknowledging this could be happening and by having an open and transparent process as possible.

As a counsellor and researcher I was aware that I could still be perceived and viewed as being in a position of power during the interviews. I attempted to mitigate this by sharing some self-disclosure with the participants when it felt appropriate during our interviews and by seeking to meet with them where they asked so they could determine the setting and space in which we talked.

Offering results and findings that articulates the participants' experience and knowledge.

By transcribing the interviews in their entirety, encouraging participants to make any changes they felt were needed, and including large excerpts of the women's story in the findings, I believe the participants voices and experiences are very present and visible in the research.

Chapter Three: Method.

This research was undertaken in 2017 during my last year of placement as an intern counsellor at the Christchurch Women's Centre. In this section I will describe how my research was conducted and the rationale for why I chose specific methods and procedures to recruit participants, collect their accounts, and analyse the range of research materials available to me.

Recruitment

In an attempt to reflect the diversity of clients who seek counselling at the Women's Centre, and the different models and styles the counsellors offered, the following recruitment was planned and implemented. Clients who had completed their counselling sessions from the middle of January 2017 were informed, via post, that one of the counsellors at the agency was undertaking a research project and offered the option of participating. The first client from each of the 11 counsellors at the Women's Centre who had received counselling within the time frame noted above was approached. There was an awareness that some counsellors may not have had clients that fitted into this period. The intent however, was to try and recruit across a range of counselling models and styles who could reflect and share their experience of the space. This method was then to be repeated for the second client and further clients of the 11 counsellors until enough participants were obtained. Due to the research exploring women's experience of counselling in a women-only space, some time in that experience felt necessary. Thus, participants who had less than three sessions were not approached to participate.

Uptake for participants was slow using this method however. Thus, following discussion with my supervisors, the manager and the co-ordinator of the Centre, the recruitment method was

modified. All of the clients who had completed counselling since the middle of January 2017 were then listed in order of the date their counselling ended by the centre co-ordinator. Starting from the date closest to the middle of January the first ten women on the list, regardless of which counsellor they had seen, were sent information on my research via post. The exceptions to this were the women who had previously been contacted by the Centre in the initial recruitment period, and those who had less than three counselling sessions. After waiting two weeks, to allow for potential participants to make contact, this mail out was repeated for another 10 women, and then another, and so on until the required number of participants were obtained.

Letters were sent between 16th August and 27th September 2017 once approval for this research project was gained by the University of Canterbury Human Ethics Committee (appendix six). There was no need to send more letters after this time as I had recruited enough participants by early October. The Women's Centre has a policy of no staff member giving out information about clients to anyone else without their permission. Thus, the Centre Co-ordinator was the person responsible for identifying and collating the potential participants and forwarding the following research information to them.

An introduction to the research letter from the Women's Centre (appendix one), information sheet (appendix two), and consent form (appendix three), discussing and outlining the research project were posted to these former clients. They then had the opportunity to read about and become familiar with the research and ask any questions that may have arisen during this period (contact details for myself and my supervisors were listed in the information sheet so the women could make contact if they chose to). These women then confirmed their interest, if they were willing to participate, by returning the consent form via

a pre-paid envelope addressed to me at the Women's Centre address or making contact via my University email. I then contacted them to arrange an interview. Options for where these interviews could occur included the Women's Centre, the University of Canterbury, or a place of their choosing. When we met for their interview participants were given the opportunity to ask me any questions they may have had about the research project and then were asked to sign and hand over the consent form prior to our interview taking place.

Participants

Nine women who had received counselling at the Women's Centre participated in this research. They were aged between 20 and 72 years. Another woman expressed interest in participating following a mail out however, despite making contact with her a couple of times, she was unable to make an interview day or time.

Four participants had received counselling by four different counsellors at the Centre and five participants were former clients of mine.

The counselling setting

As mentioned earlier, the Women's Centre offers a variety of services for women, including counselling. Women often hear about the Centre through friends or relatives, social agencies, the internet or advertising. When they contact the Centre regarding counselling they are placed on a waiting list until an available counsellor has a vacancy for a new client. The wait time for an appointment can take up to six weeks. Once the waiting list has 40 women on it the list is closed until spaces become available again. When a time slot and day become available the first women on the list is contacted, and then others if needed, until a client is able to fill the session available.

When a woman has a counsellor confirmed by the Women's Centre the expectation is that this new client will attend counselling sessions on the same day, at the same time, for an hour each week. This system allows clients to be seen regularly and have regular contact with their counsellor, and to also move through their sessions within a reasonable period of time, allowing those waiting to be seen a shorter waiting time.

When a client arrives at the Centre they are met by the receptionist, offered a warm or cool drink, and a seat in the waiting area until their session commences. They also have access to the other areas of the Women's Centre such as the library, the information board, and resources, before and after their sessions. These options are also available outside of a client's counselling times.

All nine participants for this research had completed counselling at the Women's Centre prior to the middle of January 2017. Participants took part in between six and 20 sessions¹³ with an average being 15.

Counsellors and modalities of therapy.

For many years various counselling students and qualified counsellors have offered their time and guidance for clients of the Women's Centre. Various training institutes from Christchurch including, the University of Canterbury, Vision College, Gestalt Institute of New Zealand, the

¹³ At the beginning of 2018 the Women's Centre reduced the number of clients received from 20 to 10. There was however an option of a further 10 sessions if the client and counsellor recognised further sessions were required. Reasons for this change included; there was a recognition from a review at the Women's Centre that from 2015-2017 clients, on average, were having 10.69 sessions with their counsellor, and due to the waiting list consistently being full of women seeking counselling a more effective time frame for them to be seen was needed (Communication with the Women's Centre Co-ordinator, 11.12.18)

New Zealand Institute of Professional Counselling and Laidlaw College have had students on placement at the Centre. Qualified counsellors from some of these institutions have also volunteered their time along with those who have trained around New Zealand and overseas. Models of therapy offered at the Centre over the years include, Person Centred Therapy, Gestalt Therapy, Cognitive Behavioural Therapy, a Theological/Faith based approach and Solution-Focused Therapy. Some counsellors choose to be at the Centre for one year, others longer depending on their study and life commitments and the needs of the Centre.

Setting for interviews.

The settings for undertaking my research interviews were varied. I met with four women at the Women's Centre, two at the University of Canterbury, two women in their homes, and one woman in a park. All interviews were conducted with just myself and the woman present except one, who had a young child in her care playing near us during the interview. Whilst having the interviews in the physical space of the Women's Centre and the University of Canterbury worked for some participants, for others this was not practical. Reasons for this included, limited availability of time, work commitments, and childcare challenges. Thus, for three participants a more flexible approach was needed, hence meeting them in their homes or at a park of their choosing.

Data collection: In-depth interviews and researcher journaling.

As I outline in my methodology, this research is underpinned by a feminist, qualitative, interpretive approach. The method I chose to gather data from participants was in-depth interviewing. In-depth interviewing is a style of interview in which researchers gather and collect information from interviewees in order to gain a deep understanding of their point of view or experience (Hesse-Biber & Leavy, 2011; Lewis as cited in Ritchie & Lewis, 2003).

Seidman (2013) writes “...at the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience” (p. 9). Key principles of many in-depth interviews include asking open ended questions and then building on and exploring participants’ answers to those questions (Seidman, 2013). This process encourages participants to reconstruct their experience within the research topic (Seidman, 2013). By applying this technique of in-depth interviewing 'deep' information from participants about their personal, lived experience of the topic being explored often comes to the fore (Hesse-Biber & Leavy, 2011; Lewis cited in Ritchie & Lewis, 2003; Steidman, 2013).

My interview guide (appendix five) followed these principles. I offered a number of open-ended questions to encourage participants to remain focused on the topic of their experience of counselling in a women-only space. It was also flexible however, in that it allowed other open-ended questions to be included to gain more detail and specific information if I felt this would be useful for the research project. Through this interaction I sought to offer participants the ability to share their stories and experiences so I could describe and interpret these in meaningful ways in my research.

Interview schedule

The following are the nine questions that were asked of all nine participants:

When you decided to have some counselling how did you come to choose the Women’s Centre?

- . Have you had any other counselling before coming to the Women's Centre? If so, were there any differences between your former counselling environments and the Women's Centre you could share with me?
- . What has it been like for you coming into this women-only space at the Women's Centre?
- . Did you have any thoughts, expectations, or emotions before attending counselling at the Women's Centre about what counselling might be like with a female counsellor?
- . Was it an active decision to come to the Women's Centre for counselling with a female counsellor?
- . Was your experience the same or different from what you first thought it would, or could, be?
- . Could you share with me what kept you coming back for further sessions if your counselling progressed, or what stopped you from coming if you chose to end your sessions?
- . Is being in a women-only space, attending counselling, an experience you might chose again in the future? If yes, why is that? If not, are there reasons for this?
- . I'm curious to hear about your overall perception of experiencing counselling at the Women's Centre

The in-depth interviews took place with the nine participants between mid September and the beginning of November 2017. The interviews ranged from 38 minutes to 80 minutes in length and were recorded on a dictaphone and transcribed in full by myself. All participants were then offered their interview transcripts to see if they would like me to make any changes prior to data analysis occurring.

Although the transcribing was a time-consuming process I saw it as important for me to immerse myself in the research materials and become very familiar with the transcripts as part of the analysis of the data. Throughout the research project I also kept a reflective journal. This journal enabled me to; record in-depth reflections on the interviews as they happened, reflect on my interview schedule and adapt and make any changes that felt necessary, check my own assumptions and consider any ethical issues as they arose, and make meaning and gain insight into my experience of the research process.

Thus, I had two forms of data to explore and analyse. This approach is supported by a variety of authors discussing the importance of having access to a range of data, if possible, from which to identify and notice codes and themes, and then make final understandings (Bernard, Wutich & Ryan, 2017; Clandinin, 2007; Creswell, 2014; Creswell, 2007; Silverman, 2011; Schwandt, 2001).

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Ethical considerations.

This research project needed to be conducted with an ethical awareness to support and provide a safe guard for both the participants and myself as the researcher. For me it was important to be very mindful of this when I conducted my research. I sought to attend to the research with sensitivity, awareness, insight and knowledge of the potential impact this journey may have had on both myself and the participants.

Informed consent, privacy and anonymity were important ethical considerations to be aware of and transparent about with the participants, and the agency I conducted the research through. In ethical research informed consent is seen as a vital component when human participants are involved (Clandinin, 2013; Denzin & Lincoln, 2005; Hesse-Biber & Leavy, 2011; Silverman, 2011). In order to gain full ethical clearance from the University of Canterbury Ethics Committee the following considerations were discussed and addressed in my research proposal.

Firstly, in order to make sure the participants fully understood what the study was about and how the results would be used, I outlined this in the information sheet, (appendix one) through a conversation with the potential participants, if they expressed interest in talking with me about the research, and in the informed consent form (appendix three) they would then sign before becoming involved in the research. I also highlighted participants had the right to withdraw from the project at any time prior to data analysis commencing. Withdrawal from the study would not have been practical from this time onwards. I was clear that if participants chose to withdraw prior to data analysis commencing, their interview recording would be destroyed along with any documentation immediately. Participants were also informed that any future counselling at the Women's Centre would not be affected by their decision to be involved in this study, or if they chose to remove themselves from it.

Pseudonyms were also be used in place of participants' names in the research results and findings. These pseudonyms were chosen by the participants following our interviews. Further anonymity was offered to the participants by providing de-identifying information, if they so desired, in their printed narratives within the research. Whilst the participant names provided in the data are pseudonyms, their ages however, are real. The participants consented

to this being shared in the research project. The participants were informed that my thesis will be a public document that will be available to view via the University of Canterbury library and extracts may be published sometime in the future, hence the relevance of anonymity.

Privacy throughout this research project was maintained by storing the data in a locked cabinet in my home, with the study room also being locked when it was not in use. Thus, only I, the researcher, and my two supervisors had the ability to access the information during my research project. Five years after completing my thesis all research will be destroyed.

As my research topic is exploring women's lived and personal experiences the narratives are likely to be sensitive at times. Taylor and Francis in their book note “qualitative researchers are often interested in deep accounts of participants' lived experiences, so interviews may be classified as sensitive, depending on the research focus, the nature of the participants, and the researcher-participant relationship” (Taylor & Francis, 2013, p. 249).

I acknowledged this possibility in the information sheet and in discussion with the participants prior to commencing the research interviews. Additional counselling support was offered to participants, if they felt that would be helpful, by providing clients with names of counsellors that would be available to support them following our interview.

In an effort to reduce the power imbalance between me as the counsellor and/or researcher and the participants, I was open and willing to address this with them at any time. I also involved them at various stages in the research process mentioned earlier. For example, I offered participants their transcripts and asked if they would like me to make any changes prior to including it in the research project. Participants were also able to choose their

anonymity details for the study such as the name or other identifying information, other than their age. This approach is supported by Creswell (2014) and Lewis as cited in Richie & Lewis, (2003).

As five out of the nine participants were previous clients of mine I needed to be aware of potential ethical challenges when seeing them again within the research context. In order to remain focused on the research and not offer 'follow up counselling' by engaging with previous counselling topics, I offered my former clients the same welcome as I did with the participants I had not met before and asked if they had any questions prior to signing the consent form. The interviews were carried out in the same format with all participants being asking open ended questions based on my interview schedule. A difference between former clients of mine and other participants was however, that following our interview I asked how they were and engaged in a brief conversation around this. Prior to conducting the research project I anticipated that the depth and quality of the interviews would be more from former clients as we had a previous professional relationship and rapport. Whilst some former clients I interviewed did indeed offer more detail in the interviews this also occurred with some participants who were not known to me prior to our interview which I was not expecting. I am aware that my former clients may have chosen not to disclose challenges or difficulties regarding their counselling sessions at the Women's Centre because they didn't want to hurt my feelings or impact on our professional relationship. I was mindful of this but trusted that I was providing the safest environment I could to try and tried to alleviate this as much as possible.

I also adhered to the principle of 'do no harm' by being attentive to both my own life and that of my participants' as the research was undertaken and unfolded. The need to think

on this when undertaking ethical research is supported by Clandinin (2013) and Ritchie & Lewis (2003).

Fundamentally, the core principles of the New Zealand Association of Counsellors Code of Ethics was followed by being mindful and aware of the above ethical dilemmas when I conducted the research. These principles include, partnership, respect for human dignity, personal integrity, autonomy, social justice and responsible caring (Crocket, Agee & Cornforth, 2011). The Code of Ethics also includes cultural considerations that I adhere to in my counselling practice and took into account when carrying out this research. Principles such as; being aware of my own cultural identity and biases, working towards bi-cultural competence, taking into account my participants' potential diverse cultural contexts, avoiding discriminating against clients on the basis of the race, culture, age, sexuality, gender, disability, social class, religious beliefs or any other biases, and working with clients in a way that respected the clients' cultural communities (NZAC, 2012). This preparation appeared to mitigate any ethical issues within this research project.

Analysis of the data.

Initially when I first considered which qualitative analysis felt the best fit for my research project I chose narrative analysis. DeVault talks of narrative analysis as having

developed from the insight that people often make sense of their lives (in interviews as well as everyday life) by telling and interpreting stories...Studies in the narrative mode are usually based on groups of interviews...but analyses develop from a smaller number of individual accounts, which are studied in depth in order to preserve their internal integrity (DeVault, as cited in Taylor, Bogdan & DeVault, 2016, p. 270).

Whilst I certainly wanted to honour and share the participants stories it soon became clear to me, after reading more on narrative analysis, that it would only be practical to interview a small number of women for the purpose of this thesis project. However, I was keen to talk with a larger number of women about their experience. This, combined with the potential volume of data I was likely to obtain through narrative analysis, the time this analysis could take, and the time frame I was working under lead me to consider other options. After talking with my supervisor about thematic analysis and the potential for its application to this study I read about it and decided it was indeed the most suitable fit. I recognised thematic analysis would provide me with rich and detailed data, an assessable form of analysis, and offered a well-structured approach to handling the data which were benefits I felt would be useful for my research project.

Thematic analysis is one of the most commonly applied forms of analysis in qualitative research (Guest, MacQueen & Namely, 2012). The main goal of this analysis is to identify themes within the gathered data, to code these themes and then to interpret the findings (Bernard, Wutich & Ryan, 2017; Boyatzis, 1998). Braun and Clarke (2006) support this understanding, and expand on it slightly, when they say thematic analysis is “a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data in (rich) detail. However, it frequently goes further than this and interprets various aspects of the research topic” (p. 79).

A number of authors suggest that thematic analysis is helpful for people new to the research field, as I am. Braun and Clarke (2006) for example, explain that this analysis offers beginner researchers who are learning qualitative techniques, a good thematic approach to analysing qualitative data. Rapley (as cited in Silverman, 2011) talks of how a beginner can

become overwhelmed with the many analytic approaches available and highlights thematic analysis is a valid approach in which to conduct qualitative data analysis. Langridge (as cited in Bager-Chaleson, 2014) also suggests that if the analyst is concerned with understanding the participant's world this approach has value as it provides an effective system of engaging with the transcripts in order to identify and notice the major themes. Due to the lack of research on this research topic, focusing on getting a sense of the themes and what was emerging from the collective women's experience, made thematic analysis a more suitable method.

Creswell (2016) offers the following steps of thematic analysis which provided a useful guide for me when analysing the data. During this process I kept my research questions in mind and let these guide me in my analysis whilst remaining open to what emerged.

. **Preparing the data.** I listened to each recorded interview twice prior to transcribing them in their entirety. Once the interview was transcribed I sent them to the participant asking if they would like me to make any changes. All my journal entries up to this point were also collated.

. **Reading the data.** Once I had made any changes to the transcript the participant had requested, I then read each interview at least twice to have a deep sense of the detail and a recall of each interview.

. **Generating initial codes.** Initial notes and observations were then made in the margins of the printed data. A further read through allowed me to separate the text into categories of information and then to label these categories of information with codes. Due to the volume

of codes that developed from this I further reduced the codes by checking for any overlap and redundancy of codes.

. **Searching, defining and naming themes.** Similar codes were then grouped together to build broader categories of the information and these became the themes that will be discussed in the following chapter on findings.

. **Using a computer software programme for data analysis.** I chose not to use a computer software programme for the data analysis. I also wanted to engage with the data in a more personal manner and physical sense and was able to do so easily with the relatively small dataset I was working with.

. **Validity checks. Issues of Reliability and Representativeness.** Creswell, (2013) and Hesse-Biber and Leavy (2011) note using multiple validity checks in research projects is important to show research is reliable, credible and representative. Using Creswell's work as a guide, I used the following steps and strategies:

Member checking. I asked participants to check their transcripts to determine whether they felt they were accurate and conveyed what they wanted to say and share. They then had the opportunity to make any changes to their transcript before I commenced data analysis.

Use a rich, thick description to convey the findings. I have included large chunks of the participants text/voice within the findings to portray and represent their voice and story along with providing an in-depth and through exploration of the findings.

Clarify the bias I, as the researcher, bring to the study. I offered this via self-reflection, reflexion and my journal entries throughout this research.

Present any negative or discrepant information that runs counter to themes. I offer this information in the findings chapter.

Spend prolonged time in the field. As I was a counsellor in the research setting, the person who interviewed the nine participants, and was the researcher of this project over the course of two years, I was able to develop an in-depth understanding of the topic, participants, and the environment which the research took place out of.

Use peer debriefing to enhance the accuracy of the account. I had two supervisors who reviewed, asked questions, interpreted, and offered thoughts and suggestions throughout the research project.

Document the procedures and steps of my research as much as possible. I have attended to this step throughout my research project so that my journey is as transparent as possible.

Chapter Four: Findings

This chapter explores how the women I interviewed talked about their experience of counselling in the women-only space of the Christchurch Women's Centre. As noted in the introduction, because of my history and experience of working alongside women at the Centre I was curious if there was something unique about counselling in this setting that had some kind of power and usefulness for women. My data analysis and subsequent findings allowed me to gain clarity on this curiosity. To understand that there is indeed a uniqueness and meaningfulness that occurred for the participants of this study who received counselling at the Women's Centre. This discovery will be explored by presenting the six themes that emerged in the process of the thematic data analysis.

Introduction to the Themes.

Theme one highlights how the aesthetics and environment of the Women's Centre had an impact on the participants' experience of counselling. The second theme reveals how important physical and emotional safety was for the participants when entering a counselling environment, how they felt this occurred within the Women's Centre and what this meant to them. The third theme identifies how access to free women's centred counselling was important for participants. The fourth theme shares how participants felt supported by their female counsellor within a women-only space and why this experience was, and continues to be, meaningful and important. Theme five talks about participants' overall experience of counselling at the Women's Centre. The sixth, and final theme, shares limitations of a women-only centre. Within each theme, subthemes are identified and described drawing on quotes from participant interviews.

Theme One – Aesthetics and environmental factors.

Through the data analysis process, it emerged that the aesthetics and environment of the Women's Centre played an important part in the participants' counselling experience. All but one participant had received some counselling prior to attending the Women's Centre for therapy. This previous counselling was in a variety of settings with different counsellors at various times in their lives. Some participants saw counsellors as teenagers in a high school setting or through a counsellor's practice run from their homes. Others had been to a counselling agency or a shared practice with a counsellor and other professional bodies together in one building. Two women had seen a psychologist, one in a hospital setting and another at a Medical Centre. One woman had also attended group counselling through a clinic overseas.

There was then, a wealth of previous exposure and experience of counselling spaces amongst the participants. When they were asked about any difference's they could recall between the other types of counselling spaces they had entered in contrast to counselling in the women-only space of the Centre the participants talked about a number of aesthetic and environmental factors.

Subtheme i: The setting and size of the Women's Centre was important.

Participants talked about how the setting and physical space of the Women's Centre was noticeably different from other counselling spaces they had entered previously in that it felt more women centred. They shared how the colour scheme, layout, art, pictures of nature, plants and feminine touches in the space provided a calming, relaxing space for women to enter and feel comfortable in.

This place is more specifically designed for women... it's not trying to be comfortable to two genders. Like other counsellors, they would try and have a lot more unisex things which is understandable, as they are counselling both male[s] and female[s]... It sounds really vain, but this place is so much prettier and...I like the paintings and the colour scheme, and you know, the plants, everything... [It's] ...also really nice like going to the bathroom and there are tampons and pads that aren't like hidden away. Like taboo. Like they are just there and it's just really cool that they are there (Anastasia).

The physical size of the Centre was also important. Being a smaller, more contained environment increased feelings of safety and comfort for participants. Annabel shared

I just found even walking in before the counselling sessions it was a very calm environment. I just found it very quiet and peaceful.... making it small and compact made me feel safer in the environment (Annabel).

Sarah also reported noticing the size of the Centre and how she felt in this space.

[It's]... the right size. It's not too big. You know there's not...that many people, it's just nice and relaxed (Sarah).

Subtheme ii: The Women's Centre provides a space that does not feel medicalised or clinical.

Providing clients with a counselling environment that feels more welcoming, engaging, and women-centred highlighted for participants the therapeutic spaces they had entered previously had often felt medicalised and clinical. Samantha and Sarah share their thoughts.

It doesn't feel clinical I guess would be the word...[T]here's definitely a different feel here...It doesn't feel like...it's a clinical business kind of thing. It feels friendly and warm (Samantha).

Sarah also noted the Centre did not feel as rushed and busy as a medical environment.

You don't feel rushed or pressured. It doesn't have that feeling like, um, being in a doctor's surgery or a clinic. You know, you don't...get that feeling ...So I felt very comfortable after going there (Sarah).

Charlie noted the room layout felt more restful than a medical space due to the way the therapists used the counselling space.

So like, I went to this counsellor's room, who was also a female per chance. And...it was different because it was more like a medical centre. So, it was just a different atmosphere....A lot of the time they would sit there with their computer and all that

kind of stuff and not listen and just talk to you from the chair. Whereas here, you are kind of in a more inviting space and there are no computers so, you know, they are not like taking a look at it making all the appointments, or whatever...So I think that's quite nice and I think it's a bit more relaxed as well (Charlie).

Subtheme iii: Counselling at the Women's Centre provided time out from a busy life in a calm and relaxing environment.

The Women's Centre provided some participants a place to take time out from the busy world around them. Entering the calming space of the Centre allowed them to relax and unwind before, during, and after their counselling.

I felt very calm when I walked in. It was like you left the hustle and bustle of life on the outside...like when you walked in it was like, 'ah', you just felt a cloak being taken off. Being given a cup of coffee and it's like that, 'ah' feeling of calmness. I felt very calm there. I actually looked forward to my counselling (Annabel).

A lot of people don't...take time out of their life. We are just taught to have such busy lives that it is kind of sad...that's another reason why I kept on coming. Time out and to help problem solve in the busy world, but not be in the busy world (Charlie).

There was like a common space where people could just spend time and not just come and go...I think that's actually nice... If you needed more time before or after...[counselling] ... you could have used that...if you emotionally needed that to wind down, or just have had the time.... So, I think that really works about that space (Rose).

Theme Two: Physical and emotional safety.

The women interviewed described how attending counselling at the Women's Centre felt safe for them. Their individual descriptions of safety varied, however. Safety for some women meant feeling safe in the physical space of the Centre, for many it was with their counsellor, and for others it was also feeling safe with other women at the Centre, including staff or other clients. Overall it was evident that feeling that they were in a safe, welcoming and supportive space enhanced the participants counselling experience.

Subtheme i: Safety in the physical space of the Women's Centre.

Linked to Theme One, the physical space and environment of the Women's Centre had an impact on participants feeling of safety. Some women felt prior to even attending counselling at the Centre that it would be a safe place to go.

Just thinking back, like, I was really looking forward to starting counselling. I was like, right, I really need it, and so I was looking forward to it...I just thought, yeah, it will be a really nice space to go to. So, I guess you can get the expectation was like, it will be safe, it will be good (Rose).

I thought it would be fine. I didn't feel nervous at all. Umm, thinking back I was distressed, but more about my own state of mind, rather than where I was going. It felt safe to be doing that. Going there...I knew I needed to untangle stuff, but I wasn't stressed about where I was going...I had a good experience. Beneficial, safe...it was quite a welcoming space. I think it is a safe space to walk into (Hannah).

Feeling safe in the physical environment of the Centre was noticeable for a participant who had experienced previous counselling spaces that felt stressful. She also shared that some other therapeutic environments she had been in had often tried to provide a place that felt safe but that she didn't always feel that outcome was achieved.

Safe for me is a place where I just feel comfortable. A lot of counselling places they are more clinically inclined. Or even, I don't know, I have been... to these other places that play like really soulful music and stuff but it's kind of like, 'what are you covering up?' And they try to make it...relaxed and zen, and like psychotherapy...which is like, really cool, but to me, if it's a safe place you shouldn't have to make it feel safe. It should just feel safe... coming here has been the like, the most relaxed. And the safest place (Charlie).

Anastasia shared that during her counselling at the Centre she also felt completely safe both physically and emotionally *"I just did feel physically and emotionally safe and comfortable"*.

Subtheme ii: Feeling safe with their counsellor.

The ability to feel safe with their counsellor was often mentioned in the data. Participants shared that they felt safe with their counsellor due to trusting her. This trust allowed them to be more open and comfortable in therapy and want to return to counselling.

[I had a]...feeling that you can say anything basically... Yeah that you can basically be open (Rose).

*It feels like a safe space and you can say how you are feeling without being judged
...Knowing it isn't going to be aired out for everyone as well is always important (Sarah)*

[I was]...leaving with a good feeling as well because I had unloaded stuff and being able to unload in a good, safe environment. And um, you know, it's good, so you want to come back again (Samantha).

I wasn't being judged...I know that there is the Privacy Act obviously, wherever you go, but I truly felt that it is really contained what I say. Whereas with my last counselling, going back to how I felt there, um, I just didn't like it at all. I felt slightly threatened. Like, I didn't finish it (Annabel).

I know I have felt safe in dealing with the stuff that I was with this last time. I needed to feel that way and I felt I needed to trust the person I was talking to (Elizabeth).

Elizabeth (above) also shared that over the years she had attended the Women's Centre for counselling, all of her counsellors had enabled her to feel safe. This was due to their ability to be gentle with her, especially around aspects of her past, which included abuse.

Everyone I have ever had while I've been here, they have all been of the same ilk. You know, there is a gentleness...when they are treading on eggshells around you, with some of the things I've had to face (Elizabeth)..

Gentle in this context could imply that the counsellors were sensitive, careful and thoughtful with Elizabeth and took the lead from her about what she felt safe sharing in the therapeutic setting of the Women's Centre.

Subtheme iii: Feeling safe and supported by other women at the Centre.

Participants shared that feeling safe and supported by other women at the Centre was valuable. These women included, support staff, management, visitors, and other clients.

Elizabeth described how being around other women in the supportive space of the Women's Centre enabled her to feel comfortable, safe, and free to be vulnerable.

Coming here, knowing there is a crowd of women here...I knew, knew if I ended up in tears here it's going to be ok. Or fall apart in any way. So that feeling of safety for me has been really important...I just know I am safe here. That I can share and nobody is going to hurt me (Elizabeth).

Having openness with other women at the Centre enabled participants to feel a sense of relatedness, safety and connectivity with them. This then gave them the confidence to know that they could arrive at the Women's Centre without feeling the pressure to look or act a certain way and still feel accepted and valued.

So, just coming in here...if I didn't feel like putting makeup on and I look like crap there is no one like, looking me up and down and thinking, you know, you are a train wreck or anything like that. It was just understanding like, she's having one of those days and that's ok and tell her it's ok and give her a hug...Like even the ones here that aren't my counsellor they all look at me and they are all really happy to see me and smiling and really accepting and that just makes me feel necessary, like I'm wanted (Anastasia).

I didn't think it would be as relaxed. Like as safe as this place...no one here makes it feel stressed or anything. Like everyone was just lovely and just welcoming. And they don't

mind how you are dressed or whatever and you don't feel like when you walk in that you are being psychoanalysed (Charlie).

Annabel shared that she actively sought counselling at the Women's Centre because she wanted to be in a space with other women. Entering this space enabled her to feel she was coming in as an equal.

Actually, I did want...a women's only place. To be really honest...I felt really comfortable even physically going in there... To come in and know it was just women in there. That made me feel quite comfortable... I just felt I was coming in as an equal Annabel.

Subtheme iv: No men present.

Anastasia and Sarah shared their thoughts of feeling safe and open around other women at the Centre due to not having men present.

I felt emotionally and physically safe...it's women, they can relate. Like even if I'm having period pains and those horrible cramps they... can sympathise...I know they can sympathise with me...I just think men kind of can't. That even if they might try to, they um, lack the complete understanding (Anastasia).

Anastasia also mentioned that she was able to be vulnerable in this male free setting without fear of judgement.

Just coming here, where there is just females, I feel really comfortable, and that, you know, if I want to cry when I'm walking through the main door it's fine. Going to my other counsellors I felt that I could not do that because there were men there and I would have felt, you know, vulnerable in... a negative way (Anastasia).

Talking openly about any topic, including men, with other women at the Women's Centre also increased Anastasia's sense of safety and unity.

While we are waiting we will just sit out there and have a nice talk, you know, and we don't have to shy away from topics that we couldn't talk about if there were guys in the room. We could talk about anything we want and joke about it. You know, we can joke about guys (Anastasia).

For Sarah the absence of men at the Centre allowed her to feel more relaxed and able to unwind.

It was probably more relaxed just having females there[Because] ...it is all females there is a nicer vibe happening...Like a lot of men are quite abrupt and pushy which there isn't that at the Centre. It's more chilled (Sarah).

Theme Three: Access to free counselling.

All but one participant shared that the cost of counselling played an important role in determining where they would seek counselling, or even if they would have any at all. The Christchurch Women's Centre offers free counselling for clients, although donations are

appreciated. Many of the participants described how they had looked online and discovered through the Centre's website they could receive free counselling which appeared to be helpful. Appreciation for the free counselling was acknowledged by a couple of participants. Sarah shared that if she had had to pay for counselling it would not have been very frequent.

I probably wouldn't have been able to afford to go each week if I had had to pay.

Elizabeth also commented *"I do so appreciate coming here. You know, I can't afford to go out and pay someone"*. She shared that money not being mentioned during her time at the Centre was helpful.

I know I can be here for those twenty weeks and nobody is going to talk money to me.

which will make me feel, 'I can't do that' so I will back off, go (Elizabeth).

Two participants acknowledged the Women's Centre provided access to a service that may not otherwise be available for some women.

Paying for counselling for many women I'm sure is a huge barrier...[so]... being a free service does make a huge difference to availability for women (Hannah).

This is supported by Samantha who stated that *"I think a huge barrier for people to get counselling is the fees"*. She also shared that being a student with very low finances meant that if free counselling wasn't an option at the Women's Centre *"I probably wouldn't have*

gotten the counselling". There was a curiosity however, from one participant that if, being a free service, counselling at the Women's Centre would be to the same standard as a fee-paying service.

I kinda didn't know how it would be run...because ...it was like a volunteer service. You know, you didn't have to pay for it so you kinda thought is it...was it going to be lesser of a service than if I actually paid for counselling? (Sarah).

She stated however, that after her first counselling session her perception was that the free counselling she received was "*...fantastic...above what I expected*" (Sarah). Later in our interview Sarah mentioned that the counselling service "*...was absolutely amazing*" and that she continued seeing her counsellor for four and a half months.

Another participant, Charlie shared that she had paid large amounts of money in the past for therapy but often left appointments feeling disappointed that she had not received the help or support she was looking for. Throughout our interview she mentioned her counselling at the Women's Centre appeared more favourable. One reason for this was because it was free.

"...I looked online for...free counselling, cause I didn't have a lot of money". She reported that having free counselling at the Centre was helpful "*...it was good and it was free*".

An interesting side effect of the Women's Centre providing free counselling was that one woman felt indebted to the agency. Ann noted that due to having months of free counselling at the Women's Centre she would hesitate before returning in the future due to feeling beholden to them. *"I feel indebted to the Women's Centre to some degree, so I don't feel like I deserve to have any more sessions"*. She acknowledged however, that if the need arose she would seek support through them again but that she would like to compensate the Centre first *"I would like to give back to the Women's Centre before I take anymore because I felt like I was given an awful lot"* (Ann).

Theme Four: Choosing to see a female counsellor in a women-only space.

A consistent theme that emerged from the data was that participants were wanting to see a female rather than a male counsellor and actively sought this by approaching the Women's Centre. Participants were motivated to seek counselling at the Centre for a number of reasons including; the belief that disclosing personal information with a female counsellor would feel easier, previous experience of having a male counsellor had not been helpful, and the desire to talk with another person from the same gender who may have had similar life experiences appealed.

Looking back at their journey of counselling with a female counsellor at the Women's Centre participants noticed that this experience enabled them to feel heard, respected and accepted, and that they enjoyed being in a space where women's rights, experiences and journeys could be celebrated and enjoyed.

Subtheme i: Wanting to see a female counsellor.

All participants were clear that a key reason for entering the Centre was because they specifically wanted to see a female rather than a male counsellor. When some participants did an on-line search for counselling options and they goggled female counsellors, the Women's Centre was shown as an option which appealed.

I wanted a female counsellor...I actually thought, I need to talk to a female so that's why I goggled female counsellors (Sarah).

Samantha said the Women's Centre appealed when searching online,

Because it was specifically tailored for women. I don't think I would have felt comfortable talking to a man. [I]...definitely preferred a woman. I guess it's that same tribe kind of thing (Samantha).

Knowing that she was going to see a female counsellor allowed Hannah to feel more relaxed and reassured about attending counselling at the Women's Centre.

I knew it was going to be a female counsellor so that sat fine with me. Would I go to a male counsellor? I'd probably hesitate to do that (Hannah).

Anastasia described how she wanted a female counsellor and coming to a place where there were only female counsellors meant she didn't have to ask for this outright.

Not having to specify, like, 'I want a female counsellor' and then kind of feeling a little bit bad and kind of sexist that I want a female counsellor was helpful. That was just taken out of the equation straight away cause it's a female only space.

These women obviously could have sought a female counsellor in other spaces in Christchurch but if they were wanting, or needing, a free service then this was limited to the mixed spaces mentioned earlier who have both male and female counsellors and often a waiting period. If the participants had requested a female counsellor in these mixed spaces the wait could have been even longer. As this research identifies there is often more than one factor that draws women to seek therapy at a Women's Centre.

Subtheme ii: The perception that disclosing personal information would be easier and feel more comfortable with a woman.

The majority of participants shared how they believed sharing personal information with a female counsellor would be, and was, easier than with a male counsellor. They believed they could be more open, comfortable, and understood by a female counsellor. Samantha, Charlie and Annabel highlight this perspective.

I think automatically, if I had a male, I think I would just from the beginning...I probably wouldn't have opened up as much. I think it's that comfort level of being with another

woman I guess (Samantha).

I felt quite comforted. Like it's women-only so it's not like you are going to get there and have this man. Even though I know it shouldn't matter, but it kind of does sometimes when you just want like a level understanding. So, you are kind of relaxing cause there will be a woman who will like hopefully understand stuff that I need to bring up (Charlie).

[It]...made me feel a lot more relaxed, or at ease, knowing that it was a female...even before I had met her. I'm not saying that I thought we would gel necessarily. But I...think for me, I think I would have felt quite self-conscious with a man. And I maybe would have not perhaps told everything (Annabel).

Subtheme iii: Previous experience of counselling with a man posed challenges for some.

Some participants shared how they were motivated to seek counselling with a female at the Women's Centre as they had received counselling in the past from men which was not ideal, or an experience they wanted to repeat. Often this was due to difficulties engaging with their male counsellor and not having a therapeutic relationship that was supportive. Ann stated

I had a male psychiatrist assess me and that was the worst relationship I have ever had within a counselling situation, ever.

Samantha shared

...he was a man, so that probably right there didn't work for me...I think the fact that it

was a man just probably set up an initial wall.

Charlie was also not keen to talk to a male therapist. *“I’ve just always found that male counsellors aren’t very helpful” (Charlie).*

Subtheme iv: Shared/similar life experience.

Throughout my interviews there was a recurrent theme of participants entering or seeking counselling at the Women’s Centre due to the desire to be with and talk to someone who may have had a similar or shared life experience. Hannah talked about how she preferred to see a female counsellor because she was wanting the female perspective.

I think with a female you have got a shared lived experience with them so you’re probably going to get an understanding of yourself as a woman in society, I would say.

Whereas...men would give you a different perspective (Hannah).

The preference to talk with a female counsellor due to their perceived shared understanding was mentioned by other clients. Rose stated that female counsellors *“do have some kind of relatedness of how the female mind works...I think it is very beneficial to have a female counsellor”*. Samantha mentioned that her motivation for coming to the Women’s Centre was to *“...have another female’s perspective on the situation”*. She added that being in a women-only space having counselling was beneficial because

It feels like there is a level of understanding because we are all women and, you know, maybe not all having the same experiences but, as a gender, possibly having similar experiences (Samantha).

This aspect of wanting a level understanding and perhaps similar life experiences with their counsellor at the Women's Centre is supported by Charlie

Like it's women-only so it's not like you are going to get there and have this man. Even though that shouldn't matter, but it kind of does sometimes when you just want a level understanding. So you are kind of relaxing...cause there will be women who will like, hopefully understand stuff that I need to bring up.

For Annabel it appeared important for her to have a female counsellor who she could relate too and feel comfortable with, particularly in terms of their age and life experience. She shared that being with a female counsellor in their twenties or even early thirties would be challenging. It appeared being with a more mature female counsellor could enable Annabel to feel more confident in their ability to relate to her “*I would see they would have had some life experience. So they could actually relate perhaps to what I was going through*”. She continued by saying, “*I wouldn't have felt comfortable with a young person to be honest*” (Annabel).

Another client shared how, over time, she recognised that her counsellor had potentially been

through some challenges in her life and that spending time with her was rewarding and inspiring. Ultimately she aspired to experience the qualities she saw in her counsellor for herself in the future.

I felt as though I was having counselling with a woman who had possibly been through things in her life. And she was really confident in herself, and she was really empathic, really caring, and really intelligent. And professional and I really...revelled in that. I really enjoyed being with somebody in that situation and wanting that for myself. And wanting to achieve that feeling in myself at some stage (Ann).

Subtheme v: Feeling heard, respected and accepted.

Many participants recognized further benefits of having counselling in a women-only space was feeling heard, recognizing they had value, and that they felt accepted for who they were. For Charlie seeing her counsellor regularly enabled a connection to develop and grow which enabled her to feel she wasn't on her own.

So over the year, going through the twenty sessions that we had, um, it just really helped...I know I can get through the week and go and see someone who is just there to talk, and to help, and everything. You didn't have to feel that you had to go it alone...Especially where I came from, my confidence was pretty much zero. Like I had no self-esteem, nothing...So throughout the year it was just good to have someone tell me that it was ok and that you are enough....Just to kind of show that yeah, you are a person and you are appreciated (Charlie).

Charlie also talked about feeling fully accepted for who she was a benefit of attending counselling at the Women's Centre.

It was so comfortable to be here...being female and being here and then as I kind of came out the other side I think it gave me so much more confidence. And being...with the counsellor I had say, 'it's ok to be who you are'...And you know that kind of thing...So like coming out the other side and then really trusting in myself to become, to be like my male identity that I have always had throughout my life. It says a lot about a Women's Centre in that someone can come and be in the closest, a self-denial trans guy, to feeling so accepted in a place and so they go like, I'm allowed to be who I am and like it's ok. And so they can finally find it in themselves to accept themselves...I think that's really special (Charlie).

For Annabel coming to the Women's Centre for counselling gave her a place to feel valued "I just felt respected, important. That actually someone was really going to listen to me". It was also a calm space that allowed her to be honest with how she really felt and who she really was.

It was the one time in the week where I just felt like I could throw everything off and just say it how it is. And it just bought me so much calmness. The word I would use for me is calm. Like as soon as I got into the place I was calm. And once I left I would just feel, I'm not even going to use the word happy, cause that's not quite right. Just still...I could breathe...I did enjoy counselling because I had never had it like this before...[I]t was very non-threatening. Like that is one of the biggest things. Um, I think when you open

about yourself it's quite nerve racking (Annabel).

Anastasia shared that she felt accepted attending counselling in a woman-only space and experiencing this gave her the motivation to continue with it.

I could be completely honest...[there were]... things I didn't really want to talk about, not because I was ashamed of them, but I felt like I got a space where I can talk about those things, and that I won't be judged or compared to the opposite sex...I've got to say I got to a point where I really enjoyed coming here because it was just this female only space. I can have my female problems and not feel ashamed about it. I just felt really accepted here and that's something I have struggled with and so having that feeling, I wanted to feel it more (Anastasia).

Having a place to share her story, develop a rapport with somebody and feel heard was also beneficial for Ann. She shared that for a number of years she had kept a lot of her journey locked up within herself.

I think if you have grown up in a family with sexual abuse, if you are married to someone who is an alcoholic, there are things in your family you just can't talk about. That's just the situation...and so you are just keeping that stuff inside you. And that's what happened for me. And so, you know, you have all this stuff inside you and you know you can't talk to anybody about it because no one wants to stand on the side of a rugby pitch and find

out about your alcoholic husband, or whatever, you know? (Ann).

Coming to the Women's Centre for counselling however allowed Ann a safe place to share her story and to feel heard.

The 20 sessions, of which I used all of them, allowed me to have a rapport with somebody about my life...And it was just so valuable...And just slowly I noticed a feeling, 'aww, it's nice to go in there...nice to have a person to let things out to'. One of the things that was so important to me at the Women's Centre that I realised as soon as I was there was that I felt like I was being listened too. And it was a really palpable feeling like, 'oh, someone is actually listening to me and responding to what I am saying (Ann).

She reports feeling that this was not what she had experienced in other counselling spaces other than at a Sexual Abuse Clinic. *"It was totally different. In other settings I would say things and there would be, just no response"*. Ann talked about sharing this experience of feeling heard with her counsellor.

I regularly talked with my counsellor about this feeling of being listened to which is so validating. It's magical. There's something about it that opens up something in you that...like you can say something and there's a response back...It's just such a helpful process. I've never been listened too like that before. It was beyond my wildest dreams. I remember walking out thinking that was really different. I don't think I've had somebody kind of sitting there in a room listening to me like that before. Yeah, and that's, that's really powerful. Very, very powerful (Ann).

Subtheme vi: Being in a space where women's rights, experiences and journeys could be celebrated and enjoyed.

Some participants acknowledged how being able to share experiences, stories and celebrate womanhood was beneficial and helpful whilst attending the Women's Centre for counselling. For Charlie it was not only with her counsellor, but also with others at the Centre.

It's just been a supportive, safe place that is not, ah, exclusive. I mean I know it is for women only but...you just feel so welcomed here and that's like really what a lot of women need. Especially throughout history, women have always been, you know, battered down by like other women or men and...women have fought a lot for the rights to vote and for many rights. So, I think it's a really good place where women can come and just celebrate being in a place that is comfortable...It's good to have these places where it's, you know, like 'men like back off, this is our turf. Like, 'our territory man'. So I think it's really quite special to have that. And my experience of being here, coming in here as a female, was... quite amazing (Charlie).

Theme Five: Overall experience of counselling at the Women's Centre

All participants shared that attending counselling at the Women's Centre was a positive experience. Many would, or were, recommending counselling at the Centre to friends and family. Participants shared that counselling at the Women's Centre was an experience that they would repeat again in the future if the need arose. Hannah shares her experience

"I thought it...[the counselling]... was really good. It was a positive experience and I have recommended it to other people and I would go back if I needed too" (Hannah).

Anastasia was also sharing her positive experience with others.

The fact...[is]...I did tell my friends that I was going to like, women-only counselling, to see a woman-only counsellor. For some of them that struggle, I know I would definitely recommend it to them. And I wouldn't recommend some place without wanting to go there myself...I'd have to say it's been incredibly positive... yeah, it's been very positive. I would recommend it to any woman who ever does need counselling to come here...[I]t was just kind of nice to know that if anything does go wrong in the future, I can be emotionally vulnerable here without having to worry about males. And like, especially if it is to do with males (Anastasia).

Sarah also spoke highly of her experience

[It was]...a very positive experience...I would recommend it to other females who needed counselling...It was brilliant. There's nothing I can think of that's negative from my experience".

For Samantha attending counselling at the Women's Centre was beneficial as she took time to care for herself and share her story.

It was a great experience and I'm glad that I did it...I'm glad that I ...took the time for myself, to take care of myself...It was overall a good experience and I think it was a valuable experience...I mean it's good to get stuff off and I think maybe people don't do it enough. Or there is an element of fear, like I'm not going to be taken seriously. I guess I was lucky that...[my counsellor and I]...had a good working relationship...Overall, I'm

glad I did it...In the future I probably will need some counselling, or things might crop up, so to know ah, 'ok, that worked and that was good, so I can do that again'. So, it's not a scary thing anymore, it's healthy (Samantha).

Annabel acknowledged she felt fortunate to receive counselling at the Centre. *"I feel very grateful that I got it. Cause I know you are in high demand"*. She also acknowledged that her counselling experience went better than what she thought it would be.

I did gel with my counsellor and that made a huge difference. And I probably found it better than what I had thought...I felt that it out did my expectations".

Charlie also was keen to return to the Centre in the future, although he questioned whether he would still be able to.

Well, I'd like to, although I don't know if I would be considered a woman now. But yeah...I definitely recommend it to a lot of females in my life...Because it's just been such a great space. And if I was allowed back in then I would love to come back in the future.

Charlie raises an interesting point about whether as a trans-gender man he would be able to enter the Women's Centre. How would that decision be made? Based on physical appearance, (currently Charlie's appearance could be considered more feminine) Charlie's own definition of his sexuality, or based on a policy that may be in place at the Women's Centre? As a place that celebrates and supports diversity is Charlie a person that fits within that ethos?

Theme Six: Limitations of a Women-Only Centre

Interestingly only one participant shared an aspect that she felt could be improved upon during her counselling experience at the Women's Centre and that was the waiting time to be seen. Charlie shared the initial wait felt quite long. *"I rung up and it was like a really long waiting list, like three months, and I was like, 'ah, I really need counselling now'. But I was like, 'alright, I'll just go on the list and...keep looking for other things around'".* She acknowledged that the waiting period turned out to be shorter than she was initially told however *"...it actually came a lot faster than I thought...I think it was only like four weeks"*.

Another participant, Rose, talked about how in recognizing the Women's Centre was only for women she realised that others close to her would be excluded. Whilst this was not described as a negative aspect, it was noted as being something for her to be mindful of.

One thing I was...really aware of, because I needed to have my husband come to pick me up sometimes...was that men were excluded...And I thought for some people that would be really, really good. But at the same time it felt a little bit like, it's funny that there is a space that I can't invite him. And I was thinking ah, how would I go with my son? Would my son be considered a male? So, you actually start thinking like, who will be excluded as well?

Rose acknowledged that for others however, having a women-only space is valuable,

I totally get like, for some people they absolutely need that space...that they can go to, a women-only space. Like it wasn't an issue for me either way...I just thought yeah, nice that there is a place, and yet I was aware of like, oh, I have to be mindful of it too

...Because I'm not used to it, and I wasn't in need of it for myself...as such (Rose).

Another client Ann, shared that initially she had not put much thought into what the Women's Centre was or stood for. However, having counselling in this space enabled her to experience first-hand a women-only space which she enjoyed.

I don't think I realised when I first went there that it was a women-only space. It wasn't until I started going there regularly and realising, 'ah, there are no guys here'. And then I started looking in the library, looking at some of the books and going, ah. So I actually didn't kind of go there thinking this is a women-only space. So I'll feel a certain way, or whatever ...I've only learnt through going there what it was and is...and I've had some amazing experiences there (Ann).

Chapter Five: Discussion

The aim of this research project was to consider the question, ‘how do women experience counselling in a women-only space?’ I interviewed nine women who had received counselling at the Christchurch Women’s Centre, transcribed our interviews, and analysed the resulting data to gain insight into their experiences. Six themes emerged including, (1) the aesthetics and environment of the Women’s Centre had an impact on the participants’ experience of therapy, (2) the importance of physical and emotional safety for women when entering a counselling environment, (3) access to free women-centred counselling was beneficial, (4) the participants felt supported by their female counsellor within a women-only space, and why this experience was, and continues to be, meaningful and important, (5) participants’ overall experience of counselling at the Women’s Centre, and (6) the limitations of this environment.

This chapter will discuss these findings and explore and compare links of this research with the relevant literature. It will also offer implications for my practice. I recognised when talking with women that providing them with time and space to share their counselling journey appeared helpful. My practice has also become more flexible and inquisitive due to insights gleaned from the research findings. Further implications for practice include, noting the many benefits of free therapy for clients’, along with identifying key elements that women seek from their therapist. Limitations of this research are also unpacked. This section identifies that due to constraints of completing this thesis the sample size and time frame need to be acknowledged as a potential limitation. Additionally, that this research does not share the voice of minority women and that possibly only women with positive experiences participated in this study. Suggestions for future research will also be provided.

I acknowledge that this could include further research with larger cohorts of women seeking and receiving counselling within multiple Women's Centres. Further, that exploring what draws female therapists to these spaces and the implications for both the places they work and their clients would be useful to know. The current legal actions of men seeking to enter women-only spaces warrants investigation along with research on how gender diverse people are also wanting to share spaces with cis-gendered women. Up-to-date research on who is entering Women Centres is also important. This chapter will conclude with a summary of this thesis.

Summary of findings related to relevant literature.

Theme One: Aesthetics and environmental factors.

Participants shared that the aesthetics and environment of the Women's Centre was an important part of their counselling experience. They spoke of how the setting and size of the Centre was helpful in that it was a women-centred environment that had elements that made women feel welcome and comfortable. Other spaces participants had been in had often felt medicalised and clinical, whereas the feminine touches in the Centre, such as the colour scheme, plants, layout, and artwork were all noticed and mentioned. This observation is supported by the finding of Phelps et al (2008), Devin et al (2009), Pearson & Wilson (2012), Miwa & Hanya (2006), and Knox & Cooper (2015) that often these factors are considered important by clients in therapy settings. The research of Phelps et al (2008) was conducted with 11 female participants who were asked to share their perception of a well-being environment when seeking genetic counselling. Clients had received therapy in a clinic run out of a house on the grounds of a hospital which had artwork with scenes of nature, soft yellow walls in the counselling rooms, comfortable seating and plants (Phelps et al., 2008).

The results from this study shared that there is a “...potential positive effect of incorporating specific design factors such as comfortable seating, windows with natural views and other nature-based features into counseling [sic] environments” (Phelps et al., 2008, p. 403).

This compares to my findings favourably in that participants appeared to be affected positively by the Centre’s thoughtful placement of art in the counselling rooms and waiting area (with scenes of nature on them), comfortable seating, and the plants situated within the Centre. There is one difference, however. Clients at the Centre did not have access to natural light within the counselling rooms. This was not raised as a challenge within the data analysed so provides a contrast to Phelps’ et al (2008) finding.

Whilst some research has found that having personal items such as qualifications (Pressly & Heesacker, 2001) and books (Sanders & Lehmann, 2018) may increase a client’s perception of counsellor competence this did not seem necessary or needed for any of the participants interviewed in the current study to feel relaxed and comfortable during their therapy experience. They were, however not asked about this specifically for this study. For practical reasons counsellors at the Centre don’t have personal items in the therapy rooms. This is due to the large number of counsellors who work out of the centre. Thus, the rooms are used more on a casual basis, rather than being assigned to one therapist.

An interesting subtheme which emerged was the size of the Centre and the participants’ experience of the rooms within it being small and compact. The Women’s Centre has three small counselling rooms, a reception/waiting area in which two to three women can be, and a larger library/meeting room. The Centre is in one part of the lower section of a two-story block of businesses. Once women enter the doors the space is private and people from the

outside are unable to see who is within the building due to the windows being tinted and having blinds. The counselling rooms are also secluded due to having blinds over the windows. This private, intimate setting was clearly preferred by the women interviewed as it enabled them to feel safer and more relaxed.

This data contrasts with findings from Pearson & Wilson (2012) who found that small environments tend to make clients feel more claustrophobic and Hasse & DiMattia (1976) who stated that small counselling rooms have a negative impact on the interaction between a counsellor and client. Pearson and Wilson's research project was a qualitative study exploring 34 professional counsellors' perceptions of their designated counselling spaces contribution to their work with clients (Pearson & Wilson, 2012). The counsellors who completed the questionnaires for the project were from various states in Australia. Almost half the participants worked with adults in their practice (Pearson & Wilson, 2012). A limitation of their study was that the client's viewpoint was missing. It would have been interesting to have explored the clients' perceptions of these counselling environments and effects on their therapy to see if they matched the therapists' viewpoint.

Having a place to go to relax, unwind, and have time out from the busy world was also considered a benefit of entering the Women's Centre for counselling. As noted previously, the Centre has a waiting room and library which offers a space for women to just 'be' which was identified by participants as being helpful. Bondi and Fewell's (2005) research supports this finding as they share that providing clients with a space to relax and feel comfortable in whilst waiting for counselling is important and potentially therapeutic for clients. "These spaces...have the potential to be therapeutic in and of themselves, and the effort taken to decorate, furnish and arrange a waiting room may be regarded as intrinsic to the care a

counselling service offers” (Bondi & Fewell, 2005, p. 541).

The ‘Why Women Only Report’ (2007) also revealed when talking with women that they appreciated a space where they could ‘take stock’ before returning to ‘life’ outside the doors of a women-only setting.

Theme Two: Physical and emotional safety.

While the importance of women feeling safe when seeking therapy is sometimes referred to in literature, what this specifically means for them is not often easily identified (Lewis, Sharp, Remnant & Redpath, 2015). The findings from this research offer some insight into what enables women to feel safe when receiving counselling in a Women’s Centre. For some participants it was feeling physically safe in the Centre, for others it was with their counsellor, and for a number it was feeling safe with other women at the Centre, including other clients and staff.

A number of participants shared that even prior to attending counselling at the Women’s Centre they had an expectation that it would be a safe environment to enter. That they would feel welcomed into a supportive and relaxed environment. Ultimately the participants I talked with said their expectations and hopes were met and that their experience of being at the centre and having therapy was positive, beneficial, and safe.

Participants feeling safe with their counsellor was also noted as a subtheme. Primarily this feeling of safety was gained due to trusting their therapist. This enabled these women to disclose more, feel comfortable in therapy, recognise that their story was in safe hands, and want to return to counselling. This trusting relationship was especially important for clients

who shared aspects of abuse, grief, or trauma.

Feeling safe with other women at the Centre, including other staff and clients was a further subtheme that emerged. Participants acknowledged that being in this setting with other women enabled them to feel free to be more vulnerable and open than they would be in other spaces and places. They talked about how regardless of how they looked or felt when they were in the Centre, that they felt supported, accepted and valued by the other women there.

This finding is supported by Lewis et al (2015) who found that being in a male free environment (a women-only space) also allowed some participants to feel safe. They reported women experienced a sense of freedom and relief in being able to be real and authentic in this environment without feeling the need to worry about what others might think, say or do, especially men. Being in a women-only setting allowed their participants to relax and unwind rather than feel worried or hesitant about how they looked or what they said. The ‘Why Women-Only Report’ (2007) discovered the same finding, being free from the ‘male gaze’ allowed women to feel less intimidated and constrained.

Theme Three: Access to free counselling.

The majority of participants shared that having access to free counselling at the Women’s Centre was a fundamental reason in them being able to seek therapy. There was an acknowledgement from those interviewed that the cost of counselling is often a barrier for many women who, for various reasons, cannot afford this expense. This finding matches the literature of McLeod (1994), Broughton (2018), Good Therapy (2019) and Vance (2014). The ability for women to discover there was access to free counselling through the Women’s Centre on the internet and in advertising leaflets appeared helpful.

Free counselling however is not always easy for women to access due to many potential obstacles. As noted in the literature women who, are marginalised in society (Corry, 2018; McLeod, 1994; Why Women Only, 2007), earn less than men (Bray, 2018; McLeod, 1994; Payne et al., 2015; Weissman et al., 2015), who do unpaid domestic work (Lamar as cited in Bray, 2018; Payne et al., 2015), and are affected by sexual and domestic violence (Brown, 2010; Corry, 2018; Duff, 2019; Ensor & Cooke, 2019; Lewis et al., 2015; Wissman et al., 2015; Women's Refuge, 2019), often need, yet struggle to gain, appropriate support and guidance. This research highlights the very real need and importance for all women to have the option of, and access to, free counselling. Especially within women-only environments.

An interesting observation from a participant was that she wondered if free counselling would be as 'good' as therapy that she needed to pay for. Although she reported her initial concerns were not valid, as her counselling had been above and beyond what she had hoped for, she raises a concern that is acknowledged by some within literature. Other research has shown that clients who experience free therapy neither value it less, or feel they gain less, than others who pay (Zur, 2019).

It seems it is often therapists that see the value in clients paying for counselling. Tudor (1998) shares in his research that therapists talk about the importance of clients paying for counselling services so they will value the process more. Another author, Menninger (1958) implied "...the fee should constitute a sacrifice on the part of the client in order to secure their motivation, presumably on the basis of 'no pay, no gain'" (p. 483). Zen (2019) acknowledges a similar understanding is evident for some in the counselling arena, although identifies that research does not conclusively support this view.

There is a view among therapists that clients who pay more for therapy value it more and are likely to benefit more from clinical work. Some go further and suggest that the higher the financial and other sacrifices clients make for therapy, the more likely the client is to gain from therapy. These (most probably) self-serving beliefs are not conclusively supported by research. (p. 9).

The findings from this research project offer a challenge to the literature that states therapists believe clients benefit from a fee-paying service when; all the female counsellors at the Centre are volunteers, their therapy is free, and they are willing to dedicate time and energy towards counselling women for reasons that are clearly not financially driven. Thus, it may be important to challenge the myth many therapists hold, that clients will gain more from therapy when they are requested to pay for it. From a feminist perspective it is likely this myth further disadvantages women given their lower earning potential than men, the gender pay gap, and the high rates of abuse, assault and violence they endure.

Theme Four: Choosing to see a female counsellor in a women-only space.

A key theme which emerged from the data was that participants actively chose counselling at the Women's Centre so they could see a female therapist. Participants shared that there were several reasons for choosing to talk with a female counsellor. Some felt therapy would be more tailored towards a women's needs and that they did not want to talk with a male therapist. Sometimes this was due to previous counselling experience with a male being challenging. Corry's study also highlighted the importance of some female clients wanting to share with another woman rather than a man. "I just won't feel comfortable opening up to a guy, I don't trust them...For me it's obvious why...[being women-only]...is important" (Corry, 2018, p. 30).

Participants also shared that disclosing personal, sensitive information would be, and was, easier and more comfortable with a female therapist. Corry (2018) supports this finding in my research, stating "...being in a women-only space mean(s) that women fe(el) safe to talk about difficult topics" (Corry, 2018, p. 32).

A desire to be with, and talk to, someone who may have had a similar, or shared, life experience was also helpful for participants. Feeling heard, respected and accepted by their female therapist was also important for participants. The ability to celebrate and enjoy women's rights, experiences and journeys was also perceived as a benefit of seeing a female therapist at the Women's Centre. This finding matches those found in the 'Why Women Only' study (Women's Resource Centre, 2007)

Thus, the majority of these findings correspond with the literature of Cooper (2006), Dancey, Dryden & Cooke (1992), Speight and Vera (2001), Women's Resource Centre (2007) and Corry (2018), who identified these same reasons why women may choose to see a female therapist. Perry (1993) and McLeod (1994) state in their research the importance of women having the choice of receiving counselling in a women-only space as these spaces seek to provide therapy congruent to the needs of women users. Overall, the participants of my study chose to turn to other women for therapeutic support and guidance. The conclusion by Lindon et al (2018) that some women have no problem regarding seeing a male or female counsellor did not match the findings in this research.

Some participants shared that they felt they could talk with their female counsellor about topics such as trauma, abuse, and grief in a women-only space more than in previous settings. This was often connected to feeling safe in a setting that only had females present, and that

they had a strong therapeutic relationship with their therapist. This reality is supported by, Corry (2018), McLeod (1994) and Payne et al (2015). As noted in the literature review, for many women it is not always easy to obtain this type of counselling support given the limited women-only spaces available worldwide. Given the increase in sexual harassment and abuse disclosures from women around the world following the #metoo movement, the #timesup campaign, and the reality that domestic violence is so prevalent worldwide, it seems important and necessary for women-only places to be available to provide support and guidance for women now, more than ever. This is especially so if these places offer the necessary safety and therapeutic relationship women are needing.

Theme Five: Overall experience of counselling at the Women's Centre.

All participants shared that they had a positive counselling experience at the Women's Centre and would, or were, recommending this service to others. Women talked about how entering the counselling environment of the Centre meant they had an opportunity to take time to care for themselves. They also noted feeling grateful to have had counselling support within this environment given the high demand for the service, and felt that they connected with their therapist. Payne et al (2015) and McLeod (1994) acknowledged that women involved in their research also reported having a positive experience of counselling within a women-only space.

One participant shared that during the course of their therapy they recognised they identified as being a trans-gender man. Whilst they found their counselling experience positive overall they wondered about whether they would be welcome in this environment of only women in the future. This sharing highlights that women-only services will be sought by some trans-gender and gender diverse people and that there can be uncertainty about who is able to

access these services. Certainly world-wide there is often tension regarding this area (Boskey, Taghinina & Ganor, 2018; Stock, 2019; Stones, 2017). Women-only spaces having transparency around this topic would be beneficial for trans-gendered and gender diverse people.

Theme Six: Limitations of a women-only centre.

Of the nine women interviewed only two limitations of a women-only centre emerged in this study. The first was potential wait times. One participant was told that the wait time to see a counsellor was likely to be three months. However, she was seen much sooner than this and was in therapy after a four week wait. Delays and long wait lists are mentioned in the literature as being a barrier or deterrent for people seeking counselling support (Broughton, 2018). In this study it seems that this was not a factor for most participants. It appears that however long the participants waited for therapy at the Women's Centre felt reasonable and realistic.

The second limitation was around the exclusion of males whom participants were connected with. One woman stated that she was mindful that as men were not able to enter the Centre she needed to be conscious of who was excluded, such as her male partner. She noted that this was something new for her to consider and that it felt unusual for him not to be welcome in a space she was able to access personally. There was a recognition from her that having a women-only environment could be important for many women, however. Potentially for some clients not being able to have significant men in their lives enter this space it is a trade off in relation to the benefits the service provides overall.

A further potential challenge for women who enjoy the counselling environment of the

Christchurch Women's Centre arises with this space not offering other options of therapy. If clients are interested in seeking relationship counselling and family therapy for example, they would need to access other counselling services. This could prove challenging in terms of wait times, cost, options and needing to try and develop a therapeutic relationship with another counsellor in a mixed gender space. As noted in the literature review some Women's Centres in New Zealand do offer couple and family work which could be beneficial for some women.

Implications for practice

Undertaking this research project has provided me with the opportunity and privilege of being able to talk with nine women following their counselling experience. This enabled me to gain insight into how they experienced counselling in a women-only space. As I was interviewing the participants, listening to their recordings, and analysing the data, I recognised that clients often don't have the opportunity to share how counselling was for them. Some clients may be asked to complete a feedback form from the agency or person they had therapy with and/or they may mention aspects of their counselling journey with others. However, being able to talk about what was helpful, what wasn't, and to share the potential implications for them after therapy appeared to be important and helpful for the women interviewed. I am hopeful that our interviews allowed the participants to think about and process their therapy in a new and meaningful way.

This experience was meaningful for me, both as a researcher and a counsellor. The opportunity to sit with these women felt like a gift. Not only was I able to share research based on their experiences, but as a side effect it has also strengthened my counselling practice and awareness. Being more flexible to the needs of clients was a take-away for me. I

have relocated my office to a quieter building with a smaller room in recent months and have had clients mention this has been helpful. They have noted the space feels warmer, friendlier, more personal, and safer for them to disclose. I have also adapted the seating arrangements of my office to enable clients to have more say in where they would like to sit whilst having therapy, which they appear to appreciate. Additionally, I am more inquisitive about the individual needs of clients. For example, I now ask if they have experienced therapy before and what they hoped for in our sessions that may be helpful based on their awareness of this. This has led to conversations that are more open at the beginning of therapy about what may, or may not, work for that individual.

A further implication for my practice has been in noticing that the free therapy I provide currently, (within a social agency focused on drug and alcohol treatment and recovery) has a number of potential benefits for clients that I had not considered before. These benefits include; clients may try therapy for the first time to explore if this is something that could be helpful for them due to not having to pay for it, they have the opportunity to dip in and out of counselling to match their needs as session times are flexible, and this service is offered to potential clients rather than them needing to seek it out. I also now recognise that this therapy potentially has as much, or the same, value as fee paying clients which has increased my inner confidence in my work and its value. This model of therapy also sits nicely alongside my desire to give back to others in society in a helpful way.

This research has reinforced for me that for women it is often not so much the modality counsellors apply (as participants interviewed received therapy from a range of counsellors and modalities), it is that women feel heard, respected, that they matter and have value, and

that they can connect and trust in their therapist. For some participants interviewed, counselling at the Women's Centre was the first time they felt truly seen and heard, often despite receiving therapy at other times in their lives. Being mindful of this may indeed be the most important gift a therapist can offer their clients and enables the focus of therapy to remain where it belongs, with them.

Limitations of this research.

I would like to acknowledge that this research has some limitations. Firstly, this project was undertaken with a small sample size of nine participants who received counselling at one Women's Centre in New Zealand. However, because there were only nine it allowed for a rich, in-depth exploration of their experiences. Given the lack of research in this area this makes an important contribution and provides a beginning report on the voices of women and what they value and need when it comes to counselling.

In addition, the data for this project was collected over a relatively short period of time. However, due to time restraints regarding completing this thesis these parameters felt important and needed. Furthermore, due to the multiple challenges women face in society today it is clear that current research is urgently needed to understand how agencies can best support women. This research contributes to this gap.

This study provides a snapshot in time of what some women experienced during their counselling experience within a Women's Centre in New Zealand. A research project involving more Women's Centres in New Zealand would capture further women's voices and experiences. This data would contribute to the literature on this topic of which this research has provided a much-needed starting point.

Whilst the ethnicity of clients was not recorded as part of this project, I observed that the majority of the participants appeared to not reflect ethnic minorities. Thus, their voices and perspectives are potentially missing and may not be visible within this research. The Christchurch Women's Centre has been collecting the ethnicity of clients receiving counselling services for a few years. It wasn't until 2018 however, that this information was collated for the first time. The 2018 statistics reflect that a number of ethnicities used the counselling service within this year. These numbers included women who identified as; NZ European (41.2%), NZer/Kiwi (13%), Maori (10.5%), European (10%), English/British (4.5%) (Women's Centre, 2018). The remaining clients come from other ethnicities in very small numbers. These statistics reflect that over 83 percent of clients of the Women's Centre identify as NZ European, NZer/Kiwi, European, or English/British. This portion of clients reflects findings in the literature that women of minority do not frequently engage with counselling services, even within women-only spaces (to add).

Finally, it is possible that only women with positive experiences chose to become participants of this research as findings indicate that feedback was positive overall.

Future research.

Further research on a larger cohort of women from multiple Women's Centres in New Zealand, who offer counselling for women, would be beneficial. This would provide a broader nation-wide overview of how women experience counselling in this environment.

Additionally, more research based out of women-only spaces worldwide, where women receive counselling, is an important area to explore to add to the limited data in this area.

Future research could also explore what draws female counsellors into a women-only environment such as a Women's Centre to provide therapy for women, especially given this is often done voluntarily. Is there a particular 'type' of counsellor who chooses to provide this service? If so, who? Does this impact on and make a difference to the therapeutic relationship and to the therapeutic space, and ultimately to the experiences of the women clients?

Current legal challenges of men seeking access to some women-only spaces and events provides another opportunity for research. Women are still fighting to have a safe space to be with women only and these legal challenges threaten this in the short and long term. Some men's rights activists have launched legal action against some women-only spaces to gain access to these environments. Primarily this is to push back against women having their own separate spaces from men. Some men believe this is sex discrimination (Ohikuare, 2018).

However, the challenge for transgender women to enter women-only places is also a prevailing area of contention and warrants research and exploration. Freeman suggests that "there are solutions that would uphold the rights of both women and trans-women and ensure that neither group experiences discrimination. But those solutions will only present themselves when space is opened up for discussions and debate" (2017, para. 8). Westbrook and Schilt (2014) share in their research that transgender debates around access to women-only spaces create tension because these places are actively seeking to be 'penis-free'.

We suggest that women-only spaces generate intense androphobia because, by definition, these spaces should not contain bod-ies with penises. If women are inherently unable to protect themselves, and men (or, more specifically, penises) are inherently dangerous (Hollander 2001), the entrance of a penis into women's space becomes terrifying because there are no other men there to protect the women. The

‘safe’ (read: gender-segregated) space is transformed into a dangerous, sexual situation by the entrance of an ‘improper body’... This emphasis on the sexual threat of penises in women-only spaces shows that gender panics are not just about gender, but also about sexual-ity. In the sex/gender/sexuality system, all bodies are presumed heterosexual. This assumption makes gender-segregated spaces seem safe because they are then ‘sexuality-free zones’ (2014, p. 48-49).

Women-only spaces need to actively engage with these conversations as debate is on-going and will continue. Research on this topic will add to this conversation.

The increase in many young people now choosing not to identify with the binary genders and considered themselves as agender, genderqueer, or gender fluid is further going to test the boundaries within women and men-only spaces. These are contemporary issues that will have to be grappled with by staff in light of the rapid shift in how gender is defined.

Additionally, future research needs to look more in-depth at who is using women-only centres and spaces, and why. Especially in the current climate mentioned earlier, so women are not marginalised further. This would enable agencies to provide the support women want and need. Given the precarity of women-only spaces worldwide this is important and necessary.

Conclusion.

It has been important to explore and share how women felt about counselling within a women-only space, given the limited research in this area, especially in New Zealand. I

sought to provide participants with a voice about their experience, and to offer research that shared these findings.

This research provides clear evidence that counselling in a women-only space can be, and often is, meaningful for women. It offers therapy that is unique in terms of the environment it is set in, the feelings of physical and emotional safety it can elicit, the trust, acceptance and acknowledgement that women can feel in that space, and appears to benefit women both in the long and short term.

My hope is that this research will contribute to how women-only centres, places and spaces that support women, can effectively and safely provide counselling support and guidance for women. Women have fought long and hard to be heard, to feel safe, and to be seen for who they are. The road has been tumultuous, and remains challenging, yet women continue to need and seek spaces where they feel supported. Women-only spaces, such as Women's Centres, were created to honour, acknowledge, respect and guide women. Decades later it is clear they are still needed. I truly hope that they are alive and thriving for many more decades to come.

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Appendices

Appendix 1: Introductory letter from Women's Centre (158)

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Contact information for client;

Name

Address

Date



Women's Centre Inc.

Unit 3, 242 Ferry Road, Waltham

PO Box 13054, Armagh, Christchurch 8141

P / 03 371 7414 M / 022 105 5308

E / support@womenscentre.co.nz

W / www.womenscentre.co.nz

Charities Services reg no. CC10043

Re: Counselling at the Women's Centre.

Dear

We note that you have recently completed counselling at the Women's Centre. We currently have a counselling student on placement, Dawn Gatenby. She is studying at Canterbury University and is in her final year of the Master of Counselling programme. As part of her studies Dawn needs to complete a research project.

Dawn is very interested in exploring women's experience of counselling in a women-only space such as the Women's Centre and would like to welcome you to take part in this research project. There is so little published about this topic so participants would be making a very important and meaningful contribution to world-wide awareness of this experience. This research on women's experience of counselling in a women-only space will provide rich information for agencies such as the Women's Centre on what is helpful, important and meaningful for women entering these spaces.

Attached to this letter is some information on the research project and a consent form for you to complete if you wish to take part. Please note participation is voluntary.

If you chose to be part of this research project please contact the Women's Centre via e-mail or by returning the enclosed consent form (in the self-addressed envelope supplied). If, within one week of this information being sent to you we have had no reply, I will call you briefly to check you have received the paperwork and to ask if you are interested in being a participant. Again, there is no pressure to be part of this project.

If you have any questions please call the Women's Centre on (03) 371 7414 or Dawn or her supervisors on the contact numbers attached.

Thank you for taking the time to read this letter.

Kind regards

Ariane Hollos-Locke

Centre Co-ordinator

Information sheet for clients of the Women's Centre in Christchurch.

University of Canterbury School of Health Sciences.
E-mail: djg82@uclive.ac.nz



Research Project: "How do Women Experience Counselling in a Women-Only Space? A thematic analysis of women's experiences of counselling within a Women's Centre in New Zealand".

Dear

My name is Dawn Gatenby and I am a student at Canterbury University undertaking a Master of Counselling. This is my second year as a counsellor at the Women's Centre. As part of my final year of studies I am conducting a research project which you may be interested in participating in.

What is this study about?

Over the course of my placement I have developed a strong interest in women's experience of counselling in a women-only space. I am interested in talking with clients who have received counselling at the Women's Centre about how the experience was for them.

After an extensive literature search I discovered there is only a very small amount on this topic published world-wide. Thus, by participating in this research, women will have the ability to provide much needed and valuable data on women's experience of counselling in a women-only space, and add to the knowledge on this topic. This information will be beneficial for many agencies around the world, who provide counselling for women, to consider if what they are offering is matching the client's needs and hopes and what about this service is helpful and why.

What could your involvement in this research be?

If you choose to take part in this study I would like to sit with you for an interview of 30-60 minutes asking you some questions about your counselling experience. Ideally, this would be done soon after you have completed your counselling sessions at the Women's Centre. The interviews could occur at the Centre in one of the counselling rooms or at a University clinic room where we would have privacy and quiet. I would need to voice record our interview for the research project.

It is important for you to know that participation in this research is voluntary. You are also able to withdraw from the study whilst it remains practically possible and any data collected from you can be returned to you, or destroyed upon request. Normally once data analysis has begun, which will be from early September of this year, withdrawal from the research is no longer possible.

How will I ensure confidentiality and protection of your privacy?

I would like to assure you of my commitment to honoring your privacy during, and after, the course of the research project. Although my research will show the participants received counselling at the Women's Centre here in Christchurch, identifying information about you, such as name and age, will be changed, thus ensuring your anonymity. All my research will be stored on my personal computer and files will be password protected. My computer remains in my office, which is locked when I am not there. All data will be stored securely for five years after which time it will be destroyed without further notice.

Who will have access to the research findings?

A Master's thesis (this research project) is a public document that will be available through the University of Canterbury library. In addition, at some time in the future, extracts of my research may be published in a peer-reviewed journal. As mentioned earlier your confidentiality is paramount to me throughout the research process and I will disguise your identity to protect you from being identified by others.

Research participants are welcome to receive a copy of the summary of findings from the study. If this interests you please provide your contact details in the space given on the consent form and I will forward this information to you at the completion of the research.

Who supervises my research project?

This research project is being carried out as a requirement of the Master of Counselling programme and requires supervision from two supervisors. My two supervisors are Lois Tonkin and Shanee Barraclough. They are available to discuss any questions or concerns you may have regarding my research project.

Lois can be contacted at lois.tonkin@canterbury.ac.nz .
Shanee can be contacted at shanee.barraclough@canterbury.ac.nz

Does this research meet ethical standards?

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee. Any complaints should be directed to;

The Chair
Human Ethics Committee
University of Canterbury
Private Bag 4800
Christchurch.
human-ethics@canterbury.ac.nz.

How can you become a participant?

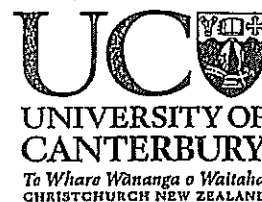
If you are interested and agree to participate in this research project please contact me via email at djg82@uclive.ac.nz or return the attached consent form via post in the self addressed envelope enclosed within two weeks of receiving this information. Please bring the attached consent form with you to our interview if it is not returned via post.

Many thanks for taking the time to read this information.

Kind regards
Dawn Gatenby

Consent form for clients of the Women's Centre in Christchurch

University of Canterbury School of Health Sciences
E-mail: djg82@uclive.ac.nz



Research Project: "How do Women Experience Counselling in a Women-Only Space? A thematic analysis of women's experiences of counselling within a Women's Centre in New Zealand".

Please read each statement, then tick each box before signing the form. If you have any questions or concerns about this form please contact Dawn or her supervisors.

- ☐ I have been given an explanation of this project and have been given the opportunity to ask any questions I may have.
- ☐ I understand what is required of me if I agree to take part in the research.
- ☐ I understand that participation is voluntary and I may withdraw at any time whilst it is practically possible. If I withdraw from the study all information that relates to me will be deleted from the study.
- ☐ I understand that any information or opinions I provide will be kept confidential to the researcher and the researcher's supervisors and that any published or reported results will not identify the participants.
- ☐ I understand that a thesis is a public document and will be available through the UC Library.
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and in an electronic form that is password protected. The data will be destroyed without any notice after five years.
- ☐ I understand that I can contact the researcher Dawn Gatenby (djg82@uclive.ac.nz) or her supervisors Lois Tonkin (lois.tonkin@canterbury.ac.nz) or Shanee Barraclough (shanee.barraclough@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- ☐ I understand that I am able to receive a summary of the findings of the research at the end of the study by providing an e-mail or postal address.
- ☐ By signing below, I agree to participate in this research project.

Name: _____ Signed: _____ Date: _____

Contact email and/or phone number: _____

Please provide your e-mail or postal address if you would like to receive a summary of the findings of the research project.

If you choose to take part in the research project please bring this consent form with you to your interview or return it to me in the enclosed self-addressed envelope. Thank you.

Information sheet for the Manager of the Women's Centre in Christchurch.

University of Canterbury School of Health Sciences.

E-mail: djg82@uclive.ac.nz



Research Project: “How do Women Experience Counselling in a Women-Only Space? A thematic analysis of women's experiences of counselling within a Women's Centre in New Zealand”.

Dear Ardas,

As you are aware I am a student at Canterbury University undertaking a Master of Counselling. As part of my final year of studies I need to conduct a research project. I would like to explore women's experience of counselling at the Women's Centre for my thesis.

What is this study about?

Over the course of my placement I have developed a strong interest in women's experience of counselling in a women-only space. I am interested in talking with clients who have received counselling at the Women's Centre about how the experience was for them.

After an extensive literature search I discovered there is only a very small amount on this topic published world-wide. Thus, by participating in this research, women will have the ability to provide much needed and valuable data on women's experience of counselling in a women-only space, and add to the knowledge on this topic. This information will be beneficial for many agencies around the world, including the Women's Centre, who provide counselling for women, to consider if what they are offering is matching the client's needs and hopes and what about this service is helpful and why.

What would participants involvement in this research be?

If former clients chose to take part in this study I would like to sit with them for an interview of 30-60 minutes asking some questions about their counselling experience. Ideally, this would be done soon after they had completed their counselling sessions at the Women's Centre. The interviews could occur at the Centre in one of the counselling rooms or at a University clinic room where we would have privacy and quiet. I would need to voice record the interview for the research project.

All potential participants would be made aware that participation in this research is voluntary. They would be able to withdraw from the study whilst it remained practically possible and any data collected from them would be returned to them, or destroyed upon request. Normally once data analysis has begun withdrawal from the research is no longer possible.

In addition, you are able to withdrawal consent for the research to take place with former clients of the Women's Centre at any time whilst it remained practically possible as noted above.

The Women's Centre's role for this research project.

The Women's Centre Co-ordinator will post a cover letter briefly outlining my research with an information pack to 15 former clients that have completed their counselling at the Centre since the middle of January 2017. To reflect the diversity and broad range of counselling models and clients at the Centre the first client from each counsellor on the list will be contacted, then the second and so on, until 15 women are obtained. If more participants are required following this mail out then this process will need to be repeated to gather the required number of participants. It is my hope to talk with six to ten women through this recruitment process.

How will I ensure confidentiality and protection of participants privacy?

I would like to assure you of my commitment to honoring participants privacy during, and after, the course of the research project. Although my research will show the participants received counselling at the Women's Centre here in Christchurch, identifying information about participants, such as name and age, will be changed, thus ensuring anonymity. All my research will be stored on my personal computer and files will be password protected. My computer remains in my office, which is locked when I am not there. All data will be stored securely for five years after which time it will be destroyed without further notice.

Who will have access to the research findings?

A Master's thesis (this research project) is a public document that will be available through the University of Canterbury library. In addition, at some time in the future, extracts of my research may be published in a peer-reviewed journal. You are welcome to a copy of my thesis and a summary of findings subsequent to final examination of the thesis.

If the Women's Centre uses any part of my thesis in the future for funding purposes, written documentation or verbally I ask that I am acknowledged as the author of the work and this is made clear to the receiver of that information at all times.

Who supervisors my research project?

This research project is being carried out as a requirement of the Master of Counselling programme and requires supervision from two supervisors. My two supervisors are Lois Tonkin and Shanee Barraclough. They are available to discuss any questions or concerns you may have regarding my research project.

Lois can be contacted at lois.tonkin@canterbury.ac.nz .

Shanee can be contacted at shanee.barraclough@canterbury.ac.nz

Does this research meet ethical standards?

Before I commence this research project it will have been reviewed and approved by the University of Canterbury Human Ethics Committee. Any complaints by participants should be directed to;

The Chair
Human Ethics Committee
University of Canterbury
Private Bag 4800
Christchurch.
human-ethics@canterbury.ac.nz.

By reading this letter and signing the consent form the Women's Centre is providing their support and consent for me to undertake my research project at the Women's Centre.

Kind regards Dawn Gatenby

Consent form for the Manager of the Women's Centre in Christchurch.

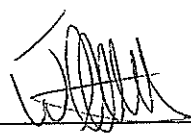
University of Canterbury School of Health Sciences
E-mail: djg82@uclive.ac.nz



Research Project: "How do Women Experience Counselling in a Women-Only Space? A thematic analysis of women's experiences of counselling within a Women's Centre in New Zealand".

Please read each statement, then tick each box before signing this consent form. If you have any questions or concerns about this form please contact Dawn or her supervisors.

- ☒ I have been given an explanation of this project and have been given the opportunity to ask any questions I may have.
- ☒ I understand what is required of the Women's Centre in terms of this research project.
- ☒ I understand that participation is voluntary and the Women's Centre may withdraw consent at any time whilst it is practically possible.
- ☒ I understand that any information or opinions participants provide will be kept confidential to the researcher and the researcher's supervisors and that any published or reported results will not identify the participants.
- ☒ I understand that a thesis is a public document and will be available through the UC Library.
- ☒ I understand that all data collected for the study will be kept in locked and secure facilities and in an electronic form that is password protected. The data will be destroyed without any notice after five years.
- ☒ I understand that I can contact the researcher Dawn Gatenby (djg82@uclive.ac.nz) or her supervisors Lois Tonkin (lois.tonkin@canterbury.ac.nz) or Shanee Barraclough (shanee.barraclough@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- ☒ I understand that Dawn Gatenby will be identified as owner/author of this research project and subsequent thesis at all times if the Women's Centre chooses to use any information from it in the future.
- ☒ By signing below, I agree to Dawn Gatenby undertaking her research project at the Women's Centre.

Name: Ardas W Tebeus Signed:  Date: 5/7/17

HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
Telephone: +64 03 369 4588, Extn 94588
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2017/77

11 August 2017

Dawn Gatenby
Health Sciences
UNIVERSITY OF CANTERBURY

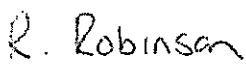
Dear Dawn

The Human Ethics Committee advises that your research proposal “How Do Women Experience Counselling in a Women-Only Space? A Thematic Analysis of Women's Experiences of Counselling Within a Women's Centre in New Zealand” has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 9th August 2017.

Best wishes for your project.

Yours sincerely


pp.

Associate Professor Jane Maidment
Chair
University of Canterbury Human Ethics Committee